DEPT.- 65

JOB- 28

REEL- 1

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cords, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E Farber — Date: 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper.	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☒	☐	☐

REMARKS:

C R Poole — Records Management Officer — Date: 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FILED ON FILM

IN

NUMERICAL ORDER

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th "
1. Sex (state whether Male or Female)	Mal
2. Race or Color (if not of the white race)	European
3. Date of Birth	Jan 1. 75
4. Place of Birth (Street and Number)	257. William St
5. Full Name of Mother	Virginia L. Elliott
6. Mother's Maiden Name	" " Evans
7. Mother's Birthplace	Balt Md.
8. Full Name of Father	David L. Elliott
9. Father's Occupation	Blacksmith
Father's Birthplace	Balt Md.
Name of Medical Attendant, or other Person who makes this Return	Theodore Costello
Address	146 Hanover St
Remarks	

2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 1st 1875
4. Place of Birth (Street and Number) 44 Pearl St
5. Full Name of Mother Sarah Lee
6. Mother's Maiden Name Don't Know
7. Mother's Birthplace Don't Know
8. Full Name of Father Jno W. M. Lee
9. Father's Occupation Librarian
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W M Kemp

Address 55 N Green St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jany 1, 1875
4. *Place of Birth* (Street and Number) 69 N. Howard St
5. *Full Name of Mother* Mrs. C. H. Chappell
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* C. H. Chappell
9. *Father's Occupation* Dry Goods Merchant
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. W. F. Howard

Address 171 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) child 5 Mother 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Jewish White
3. *Date of Birth* January 1st 1875
4. *Place of Birth (Street and Number)* Baltimore Co Mc Mc Elderry St
5. *Full Name of Mother* Augusta Jacobsen
6. *Mother's Maiden Name* Augusta Kahn
7. *Mother's Birthplace* Russia Europe
8. *Full Name of Father* Julius Jacobsen
9. *Father's Occupation* Old Clothes Store
10. *Father's Birthplace* Europe Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Hess

Address 48 Holland St

Remarks

RETURN OF A BIRTH.

5

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 1. 1875
4. Place of Birth (Street and Number)	44 N. Stricker St.
5. Full Name of Mother	Susan Magruder Worley
6. Mother's Maiden Name	Susan M. Waters
7. Mother's Birthplace	Frederick County
8. Full Name of Father	Wm. H. Worley
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brown M.D.
Address	201 W. Biddle St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE FEB 3 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	1st of January 1875
4. Place of Birth (Street and Number)	Baltimore. 107 Lexington St
5. Full Name of Mother	Cecelia Hammerslough
6. Mother's Maiden Name	Cecelia Myers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Julian Hammerslough
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger.
Address	23 N. Liberty St.
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	January 1th
4. *Place of Birth* (Street and Number)	Dever St No 26
5. *Full Name of Mother*	Anni Schubrick
6. *Mother's Maiden Name*	Anni Utz
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Shubrick
9. *Father's Occupation*	Brick Burner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Sielair
Address	No 29 Monroe St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 6 child

1. Sex (state whether Male or Female) Boy 1
2. Race or Color (if not of the white race) White
3. Date of Birth Born January 1 the 1875
4. Place of Birth (Street and Number) Baltimore. Burgundy Alley 141
5. Full Name of Mother Kate Oberheim
6. Mother's Maiden Name Kate ~~Snyder~~ Schneider
7. Mother's Birthplace Hesian germany
8. Full Name of Father Christain Oberheian
9. Father's Occupation Taylor
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address 439 Scott Levett St.

Remarks Katharina Seebach

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 1st 1875
4. Place of Birth (Street and Number)	No 70 Hampstead St.
5. Full Name of Mother	Mary C. Neary
6. Mother's Maiden Name	Mary C. Connor
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	John T. Neary
9. Father's Occupation	Sugar Refinery
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Moultrie
Address	26 Dallas St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

read Record of Vital Statistics in the City of Baltimore.

10

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 1st 1875
4. Place of Birth (Street and Number)	Baltimore Md 44 South B. Way
5. Full Name of Mother	Mary Chenowith Schreck
6. Mother's Maiden Name	Mary C. White
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William T. Schreck
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Mueller
Address	26 Dallas St.
Remarks	

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	boy
2. Race or Color (if not of the white race)	of the white race
3. Date of Birth	1 January letzte str 180
4. Place of Birth (Street and Number)	do
5. Full Name of Mother	barbara hunt
6. Mother's Maiden Name	Hunt
7. Mother's Birthplace	Bayern
8. Full Name of Father	nicolaus Rimpf
9. Father's Occupation	tube
10. Father's Birthplace	Bayern
Name of Medical Attendant, or other Person who makes this Return.	Dr. C. Brendel
Address	202 South Bond str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 1st
4. Place of Birth (Street and Number)	311 Walsh St.
5. Full Name of Mother	Mary Virginia Phelps Price
6. Mother's Maiden Name	" " " Zimmerman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James H. Price
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

13

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 1st 1875
4. Place of Birth (Street and Number)	8 St Peter Street
5. Full Name of Mother	unknown
6. Mother's Maiden Name	"
7. Mother's Birthplace	Hesse Darmstadt
8. Full Name of Father	Frederick Kaufman
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hesse Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzell Mid
Address	54. Pearl St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Jany 1st 1875
4. *Place of Birth* (Street and Number) 127 N. Gilmor St
5. *Full Name of Mother* Elizabeth Crowley
6. *Mother's Maiden Name* Elizabeth Briggs
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* James Crowley
9. *Father's Occupation* News Dealer ~~& Stationer~~
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. F. A. Warner, M.D.

Address 157 Aisquith St

Remarks

15

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh =

1. Sex (state whether Male or Female) Male = Respitty healthy
2. Race or Color (if not of the white race) German
3. Date of Birth January 1st 12 Oclock AM
4. Place of Birth (Street and Number) 44 East Fayette St
5. Full Name of Mother Iva C. Flamm
6. Mother's Maiden Name Iva C. Baltz
7. Mother's Birthplace Baltimore
8. Full Name of Father William Flamm
9. Father's Occupation Bakery
10. Father's Birthplace German

Name of Medical Attendant, or other Person who makes this Return. A Tregr Shertzer M.D. 117 E Baltimore St

Address 117 East Baltimore St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

16

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 1st
4. Place of Birth (Street and Number) Shields al
5. Full Name of Mother Emma Barnett
6. Mother's Maiden Name Dont Know
7. Mother's Birthplace " "
8. Full Name of Father Thos H. Barnett
9. Father's Occupation Drayman
10. Father's Birthplace Dont Know

Name of Medical Attendant, or other Person who makes this Return. H. F. Shane M.D. and F. W. Germer M.D.

Address Cor Pine and George Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE

17

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twelvth (12th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	1st Jan. 1875
4. Place of Birth (Street and Number)	60 Parish St.
5. Full Name of Mother	Catharine Elisabeth Metcalf
6. Mother's Maiden Name	Hamilton
7. Mother's Birthplace	Frederick City, Md
8. Full Name of Father	Leonard Thomas Metcalf
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Frederick City, Md
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	234 Hollins st.
Remarks	Physical Condition of Child perfect

RETURN OF A BIRTH.

18

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Janry 1st 1875
4. Place of Birth (Street and Number) 197 Saratoga st
5. Full Name of Mother Mary E McLoughlin
6. Mother's Maiden Name Mary E Doyle
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William D McLoughlin
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md
Name of Medical Attendant, or other Person who makes this Return. A Darling M D
Address 143 Mulberry street
Remarks Vertex presentation

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 11 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 1st 1875
4. *Place of Birth (Street and Number)* 31 Chatsworth st
5. *Full Name of Mother* Amanda Miller
6. *Mother's Maiden Name* Amanda Hillers Annan
7. *Mother's Birthplace* Md.
8. *Full Name of Father* Walter B. Miller
9. *Father's Occupation* News dealer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. D. Darling

Address 143 Mulberry st

Remarks Still Born, Caused by the obstinate refusal of the family to the use of instruments.

20

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 1 1875
4. Place of Birth (Street and Number) 147 Townsend St.
5. Full Name of Mother Laura Virginia Murphy
6. Mother's Maiden Name " " Mosher
7. Mother's Birthplace Maryland
8. Full Name of Father John James Murphy
9. Father's Occupation Carpenter
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address 89 N. Lorraine St.

Remarks

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	2d
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st of January 1875
4. Place of Birth (Street and Number)	No 2 Eutaw nerer State Street
5. Full Name of Mother	Elisabeth Jacob
6. Mother's Maiden Name	Elisabeth Wolf
7. Mother's Birthplace	Echsel & Kur Flessen germeny
8. Full Name of Father Michael Wm	~~Elisabeth~~ Jacob
9. Father's Occupation	Conjacroner
10. Father's Birthplace	Swerinsberg Kurhossen
Name of Medical Attendant, or other Person who makes this Return.	Barbera Reis
Address	No 40 E Fayett Street
Remarks	

22

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth 1st of January 1875,

4. Place of Birth (Street and Number) No 253 North Bond street.

5. Full Name of Mother Mari Ambach

6. Mother's Maiden Name Mari Meigle

7. Mother's Birthplace Germany

8. Full Name of Father Adolph Ambach

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Livia Hilleyeist,

Address No. 182 East Monument Street

Remarks

23

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 1st
4. Place of Birth (Street and Number)	331 W. Lombard St.
5. Full Name of Mother	Mrs Emma Cohen
6. Mother's Maiden Name	Emma Frank
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Eliazer Cohen
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

24

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Colord.
3. Date of Birth Jan. 1st. 1875.
4. Place of Birth (Street and Number) Iceland. St. 135
5. Full Name of Mother Elizabeth. Cook.
6. Mother's Maiden Name Elizabeth. Bell.
7. Mother's Birthplace Unknown
8. Full Name of Father Edward. Cook.
9. Father's Occupation Hostler.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. G. Buchanan

Address 68. Conway, st.

Remarks Child and mother in Good Condition.

RETURN OF A BIRTH.

25

HEALTH DEPARTMENT JAN 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 2d 1875
4. Place of Birth (Street and Number) 423 N Carey St
5. Full Name of Mother Abbie C Spamier
6. Mother's Maiden Name Abbie C Smith
7. Mother's Birthplace Boston Mass
8. Full Name of Father Charles Augustus Emanuel Spamier
9. Father's Occupation Lawyer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elias C Price M. D.

Address 110 N. Eutaw St

Remarks This being my first under the new regulation I was forgotten

RETURN OF A BIRTH.

26

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 7 1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 2 1875
4. Place of Birth (Street and Number)	1. Hanover st
5. Full Name of Mother	Julia Frechle
6. Mother's Maiden Name	Doyle
7. Mother's Birthplace	Richmond Va
8. Full Name of Father	Hannan C. W. Frechle
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sheldon Costa M.D.
Address	146 Hanover
Remarks	

RETURN OF A BIRTH.

27

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Jan 3rd 1875
4. Place of Birth (Street and Number)	83 St Peter Street
5. Full Name of Mother	Mrs [redacted] Snyder
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H Cole
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzell Md
Address	56 Paul Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Female (Robust)
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 2nd 1875
4. Place of Birth (Street and Number) 387 Hamburg St.
5. Full Name of Mother Teresa Ward
6. Mother's Maiden Name Nee Slaughter
7. Mother's Birthplace Balto. City
8. Full Name of Father Hy. J. Ward
9. Father's Occupation Bricklayer
10. Father's Birthplace Queen Anne's Co Md.

Name of Medical Attendant, or other Person who makes this Return. R. C. Lee

Address N.W. Co Hanover & Barre 865

Remarks ~~10th Confinement, (twins once) 2 Miscarriages, & only 34 years old~~

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Janry 2nd
4. *Place of Birth* (Street and Number)	15 Chew
5. *Full Name of Mother*	Kate Ellen Etridge
6. *Mother's Maiden Name*	Kate Ellen Hunt
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Patzych Joseph Etridge
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Waterford Ireland
Name of Medical Attendant, or other Person who makes this Return.	H Darling
Address	143 Mulberry street
Remarks	Vertex presentation

30

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth January 2nd
4. Place of Birth (Street and Number) Jasper St: No 106 Balto city
5. Full Name of Mother Sarah Griffin
6. Mother's Maiden Name Sarah Fendell
7. Mother's Birthplace Anne Arundle County
8. Full Name of Father James Griffin
9. Father's Occupation Employed on a Steam Boat
10. Father's Birthplace Anne Arundle County

Name of Medical Attendant, or other Person who makes this Return. Dr: W.B. Griffith

Address

Remarks very feeble when born but now a little stronger

I wrote & have sent this before but it was impossible to get all the information sooner.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 2nd 9.30 A.M.
4. Place of Birth (Street and Number)	91 Albemarle st.
5. Full Name of Mother	Eliza Kelly
6. Mother's Maiden Name	Eliza Fleming
7. Mother's Birthplace	Queen's Co. Ireland
8. Full Name of Father	Peter Joseph Kelly
9. Father's Occupation	Driver
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Pierre G. Dauschm D.
Address	27 N. Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

32

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd of January
4. Place of Birth (Street and Number)	40 Pearl St.
5. Full Name of Mother	Caroline Dumler
6. Mother's Maiden Name	" Geis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John F. Dumler
9. Father's Occupation	Horse Collar Maker
10. Father's Birthplace	Bavaria, Germany
Name of Medical Attendant, or other Person who makes this Return.	Anna Dumler
Address	40 N. Schroeder St.
Remarks	

RETURN OF A BIRTH.

93

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Fem.
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd of January
4. Place of Birth (Street and Number)	419 Aisquith Street
5. Full Name of Mother	Genofava Hilb
6. Mother's Maiden Name	Miller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ferdinand Hilb
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Stuttgart Germany
Name of Medical Attendant, or other Person who makes this Return.	Emma Dunker
Address	60 N. Schroeder St.
Remarks	

34

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) child 7 Mother 4 [illegible]

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) German White

3. Date of Birth Jan 2 1875

4. Place of Birth (Street and Number) Bk Md Bryon St. 1. 33

5. Full Name of Mother Mrs George Young

6. Mother's Maiden Name Louisa Governmann

7. Mother's Birthplace Hurhess.

8. Full Name of Father George Young

9 Father's Occupation drayman

10. Father's Birthplace Sachsmeinger

Name of Medical Attendant, or other Person who makes this Return, Mrs Rosie Kellog

Address 48 Holland St Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

35

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) child 1 Mother

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) American Wht

3. Date of Birth Jan 2 1875

4. Place of Birth (Street and Number) Baltimore Md. Holland St No. 67

5. Full Name of Mother Jennie Suter

6. Mother's Maiden Name Jennie ~~[illegible]~~ Francis

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father William H. Suter

9. Father's Occupation Silver Engenier

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosie Ullig

Address 48 Holland St Baltimore Md

Remarks

I dont understand these bills [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

36

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First —
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 2 1875
4. Place of Birth (Street and Number)	21 Patterson, Park ave.
5. Full Name of Mother	Jane Nichols
6. Mother's Maiden Name	Porter
7. Mother's Birthplace	Maryland
8. Full Name of Father	James Nichols
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J Stancy Hill M.D.
Address	98 Hanover st. Balt City
Remarks	

37

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The second child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth the 2th o January o odak P.M.
4. Place of Birth (Street and Number) 182 Dallas str
5. Full Name of Mother Marie Janousek
6. Mother's Maiden Name Marie Janousek
7. Mother's Birthplace Nubow Bohemia
8. Full Name of Father John Janousek
9. Father's Occupation Laborer
10. Father's Birthplace Nepřejov Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefiene Conrad

Address No 20 Barnes Str Balto Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

38

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 2nd 1875
4. Place of Birth (Street and Number)	31 Franklin St
5. Full Name of Mother	Amanda A Bartlett
6. Mother's Maiden Name	" " Griffith
7. Mother's Birthplace	Montgomery Co Md
8. Full Name of Father	George W B Bartlett
9. Father's Occupation	Hardware Merchant
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	87 [illegible] St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

39

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	1st
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Saturday January 2nd 1875
4. Place of Birth (Street and Number)	Mount St. west side 4th door from Lexington
5. Full Name of Mother	Maggie K. McDonald
6. Mother's Maiden Name	Maggie K. Clark
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Charles McDonald
9 Father's Occupation	Grain Merchant Locust point
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	James H. Butler M.D.
Address	144 Milberry St.
Remarks	"Applied forceps"

Over

RETURN OF A BIRTH.

110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the third child

1. Sex (state whether Male or Female) male - Edward Alexander Gannon
2. Race or Color (if not of the white race) white
3. Date of Birth ..... 2 of January
4. Place of Birth (Street and Number) no 10 hamburg St
5. Full Name of Mother Cathrine A Gannon
6. Mother's Maiden Name Cathrine A Wiegand
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Alexander Gannon
9. Father's Occupation Harness maker
10. Father's Birthplace Delaware

Name of Medical Attendant, or other Person who makes this Return. Mrs Conaway

Address Alexander Gannon no 10 hamburg St

Remarks

Baltimore Md

This is to certify that on HEALTH DEPARTMENT - CITY OF BALTIMORE - CERTIFICATE OF BIRTH - NO. REG. NO. 40, I would like you to add the full name of my son, which is EDWARD ALEXANDER GANNON. He was born on the 2nd. day of January, 1875 at 10 Hamburg Street, Baltimore, Md. Father Alexander Gannon and mother Catherine.

Catherine A. Gannon Harris
Mother

Feb 14 1939
Date

Corr - Feb. 5-1939
By - J E Wehn

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 3d
4. *Place of Birth (Street and Number)* Durham St No 85
5. *Full Name of Mother* Elisabetha Weber
6. *Mother's Maiden Name* Elisabetha Pfaffe
7. *Mother's Birthplace* Markt-Kurhessen
8. *Full Name of Father* Friedrich Weber
9. *Father's Occupation* Labor
10. *Father's Birthplace* Sachsen-Meiningen

Name of Medical Attendant, or other Person who makes this Return. Regina Hattage

Address No 289 S Bond St

Remarks

42

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 — 6 child

1. Sex (state whether Male or Female) female child
2. Race or Color (if not of the white race) German White
3. Date of Birth Jan 3 1875
4. Place of Birth (Street and Number) Baltimore Md. forrest St to 39
5. Full Name of Mother Kathrine Rothe
6. Mother's Maiden Name Kathrine Lampe
7. Mother's Birthplace Rayers South of Europe
8. Full Name of Father Jacob Rothe
9. Father's Occupation Shoemaker
10. Father's Birthplace Sachs Meiningen

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosie Hellig

Address 48 Holland St

Remarks Baltimore Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

43

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 2 Mother 2 child

1. Sex (state whether Male or Female) female child

2. Race or Color (if not of the white race) Jewish White

3. Date of Birth Jan 3. 1875

4. Place of Birth (Street and Number) Baltimore Md Eden St No 53

5. Full Name of Mother Caroline Grandelbaum

6. Mother's Maiden Name Caroline Meyer

7. Mother's Birthplace Switz.

8. Full Name of Father Levi Grandelbaum

9. Father's Occupation Peddler

10. Father's Birthplace Duerkling Bayern

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosie Hellig

Address 48 Holland St Baltimore Md

Remarks

44

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first born

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 3rd of January 1875.
4. Place of Birth (Street and Number) No 5. Sterret street
5. Full Name of Mother Augusta Biles
6. Mother's Maiden Name Oberlaender
7. Mother's Birthplace Baltimore City
8. Full Name of Father Joe Biles
9. Father's Occupation Clerk
10. Father's Birthplace Canada

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ann Wagner

Address No 174 Burgundy alley -

Remarks : None.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

45

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 3rd 1875
4. *Place of Birth (Street and Number)* 182 Chestnut alley.
5. *Full Name of Mother* Sarandia Green.
6. *Mother's Maiden Name* Sarandia Harris.
7. *Mother's Birthplace* Carroll County Md.
8. *Full Name of Father* John Lorty Green.
9. *Father's Occupation* Drayman.
10. *Father's Birthplace* Baltimore city.

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen

Address 23 N. Liberty St.

Remarks

46.

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the second child "

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* the 26th day of January 11. o'clock P. M. "
4. *Place of Birth* (Street and Number) 111. Chew Str.
5. *Full Name of Mother* Josefine Skarda
6. *Mother's Maiden Name* Josefine Hranac
7. *Mother's Birthplace* Nalzov. Bohemia
8. *Full Name of Father* Geo. Skarda
9. *Father's Occupation* Schomaker
10. *Father's Birthplace* Vohrechtitz Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address 1020. Barnes Str. Balto. Md.

Remarks

47

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 3rd 1875
4. Place of Birth (Street and Number)	13 Mulberry Street
5. Full Name of Mother	Unknown
6. Mother's Maiden Name	"
7. Mother's Birthplace	Virginia
8. Full Name of Father	Conrad Reiman
9. Father's Occupation	Piano Manufacturer
10. Father's Birthplace	Hesse Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wunell
Address	56 Pearl Street
Remarks	

48

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex ~~(state whether~~ Male ~~or Female)~~ Male
2. Race or Color ~~(if not of the~~ white ~~race)~~ White
3. Date of Birth Jan. 3d, 1875.
4. Place of Birth (Street and Number) No. 50 President st.
5. Full Name of Mother Catherine Schuessler
6. Mother's Maiden Name " Zinkhan
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Schuessler.
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M.D.

Address 94 S. Broadway

Remarks Vertex presentation. Forceps delivery. Mother and child doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the [illegible] born, its or their physical condition, whether still born or not, the full name, [illegible] of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE JAN 1875

RETURN OF A BIRTH.

50
49452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 & 9

1. Sex (state whether Male or Female) Male & Female

2. Race or Color (if not of the white race) white

3. Date of Birth January 3 th

4. Place of Birth (Street and Number) Lankaster St No 25

5. Full Name of Mother Reinett Leinemann

6. Mother's Maiden Name Reinett Janssen

7. Mother's Birthplace Hannaver

8. Full Name of Father Helmerich Leinemann

9. Father's Occupation Carpenter

10. Father's Birthplace Hannaver (Germany)

Name of Medical Attendant, or other Person who makes this Return Katharina Heitlage

Address No 289 S Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE

RETURN OF A BIRTH.

57

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	third of January 1875
4. Place of Birth (Street and Number)	Woesch[illegible] St.
5. Full Name of Mother	Elisabeth Schmidt
6. Mother's Maiden Name	Hahn
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Harry Schmidt
9. Father's Occupation	Sugar mill.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louis B. Horn M.D.
Address	226 Mulberry St. Balt. Md
Remarks	

RETURN OF A BIRTH.

52

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jany 3d 1875

4. Place of Birth (Street and Number) 94 Chew St

5. Full Name of Mother Mary Ann Lambright

6. Mother's Maiden Name Mary Ann Sweeting

7. Mother's Birthplace Baltimore

8. Full Name of Father William Lambright

9. Father's Occupation House Painter

10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Andrew Hartman M.D.

Address 305 N Caroline St Balt.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

53

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 3rd 1875
4. Place of Birth (Street and Number) East Ave. No. 300 Baltimore city
5. Full Name of Mother Malvina Brownley
6. Mother's Maiden Name Malvina Thomas
7. Mother's Birthplace Dorchester Co. Maryland
8. Full Name of Father Larkin C. Brownley
9. Father's Occupation Ship carpenter
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 S. Broadway Balto. City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 3d 1874
4. *Place of Birth (Street and Number)* 110 Boyd St.
5. *Full Name of Mother* M. J. Clark
6. *Mother's Maiden Name* Farrell
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Thomas Clark
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return J. Shelton Hill M.D.

Address 432 W. Fayette St.

Remarks Weight 7 lbs

RETURN OF A BIRTH.

55

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jany 3d
4. *Place of Birth (Street and Number)* 473 Miami St
5. *Full Name of Mother* Margaret Britton
6. *Mother's Maiden Name* Margaret Donaldson
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Richard Britton
9. *Father's Occupation* Cotton Inspector
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Howell midwife

Address McDonough St

Remarks

56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.	2d Child
(state whether Male or Female)	Male
or Color (if not of the white race)	
of Birth	January 3d 1875
of Birth (Street and Number)	No 111 Stirling St.
Name of Mother	Bridget Minlon Sennett
er's Maiden Name	Bridget Minlon
er's Birthplace	Kings County Ireland
Name of Father	John Sennett
r's Occupation	Coachman
r's Birthplace	County of Meyford Ireland
e of Medical Attendant, or other Person who makes this Return.	F. S. Holland
ress	No 114 Park Avenue
arks	

RETURN OF A BIRTH.

57

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	3rd of January
4. Place of Birth (Street and Number)	Lemon Alley near
5. Full Name of Mother	Alice Brannan
6. Mother's Maiden Name	Alice Ryan
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Brannan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Corrigan
Address	No 119 south street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

558

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 31.

4. Place of Birth (Street and Number) 36 Eastern Ave

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Schmidt

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 36 Earl Street

Remarks

RETURN OF A BIRTH.

59

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 3d 1875
4. Place of Birth (Street and Number)	N. Charles St. No 179
5. Full Name of Mother	~~Jane~~, Wife Wm B. Wilson
6. Mother's Maiden Name	Miss Virginia Wilson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm B. Wilson
9. Father's Occupation	Banker.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W C Van Bibber. M D.
Address	47. Franklin St. Baltimore.
Remarks	January 10th Mother & Child are doing well.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

60

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jany 3rd 1875
4. Place of Birth (Street and Number)	23 Etting St
5. Full Name of Mother	Mary Eucharia Shirley
6. Mother's Maiden Name	Mary C Higgins
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Shirley
9. Father's Occupation	Boxmaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	C J Nicholas M D
Address	23 McCulloh St
Remarks	Mother & child doing well

In labor 19 hours - last 2 without pain - delivered with forceps

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

RETURN OF A BIRTH.

61

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE JAN 5 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 3 1875
4. Place of Birth (Street and Number)	164 Pa Avenue
5. Full Name of Mother	Mary Elizabeth Reichert
6. Mother's Maiden Name	" Fisher
7. Mother's Birthplace	Baltimore Co Md
8. Full Name of Father	William Frederick Reichert
9. Father's Occupation	Shoe Finisher
10. Father's Birthplace	Not informed
Name of Medical Attendant, or other Person who makes this Return.	W. H. Rider
Address	97 Hunting St
Remarks	A useless encumbrance

62

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN. 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 3rd 1875
4. Place of Birth (Street and Number)	132 Preston St.
5. Full Name of Mother	Mary Marsden
6. Mother's Maiden Name	Mary O'Brien
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Henry Marsden
9. Father's Occupation	Policeman
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

RETURN OF A BIRTH.

63

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

hild of Mother (state whether 1st, 2d, 3d, &c.)	Das 4 Kind
ate whether Male or Female)	Männlich
r Color (if not of the white race)	Weiß
f Birth	Datum den 3
of Birth (Street and Number)	Hillstritt nummer 42
ame of Mother	Wilhelmine Seligmann
's Maiden Name	Wilhelmine Reimer
's Birthplace	in Breßen
ame of Father	August Seligmann
s Occupation	Kostenmacher
s Birthplace	Breßen
of Medical Attendant, or other Person who makes this Return.	Catharina Münch
ss	Lietenhalstritt nummer 74
ks	

64

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th of January 1875
4. Place of Birth (Street and Number)	West St No 378 West St.
5. Full Name of Mother	Mary Hartman
6. Mother's Maiden Name	Mary Hegnitz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George H Hartman
9. Father's Occupation	Lourer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Maria Nazarenus
Address	No 70 Rosel Street
Remarks	

RETURN OF A BIRTH.

65

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	4th a
1. Sex (state whether Male or Female)	Boy.
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th of January 1875
4. Place of Birth (Street and Number)	252 Lee Street
5. Full Name of Mother	Elise Kraft,
6. Mother's Maiden Name	Eiza Kraft
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Kraft
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie Nazarenus
Address	Rossel Street No 70
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

66

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) W

3. *Date of Birth* January 4th 75

4. *Place of Birth* (Street and Number) 100 Battery Av.

5. *Full Name of Mother* Maria V. Alford

6. *Mother's Maiden Name* Maria V. Nunely

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Chas. E. Ford

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Balto. City, Md.

Name of Medical Attendant, or other Person who makes this Return R. J. H. Tall, M.D.

Address 15 S. Sharp St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

67

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) European
3. Date of Birth Jan 4th 75
4. Place of Birth (Street and Number) 277 S. Charles St
5. Full Name of Mother Annie E. ~~Bradl~~ Officer
6. Mother's Maiden Name " " Bradly
7. Mother's Birthplace Balt Md.
8. Full Name of Father Thos. H. Officer
9. Father's Occupation Tobaconist
10. Father's Birthplace Michigan

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook MD.

Address 146 Hanover St

Remarks

RETURN OF A BIRTH.

68

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 7 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 4th 1875
4. *Place of Birth (Street and Number)* No 7 N C Henry St
5. *Full Name of Mother* Bridget Brooks
6. *Mother's Maiden Name* Bidget Holland
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Wm Henry Brooks
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr D. K. Ashton

Address 234 W Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 4th 1875
4. Place of Birth (Street and Number)	Cor Druid Hill Ave & Union St
5. Full Name of Mother	Annie Laetz
6. Mother's Maiden Name	" Knopekal
7. Mother's Birthplace	Hessie Darmstadt
8. Full Name of Father	George Laetz
9. Father's Occupation	Merchant
10. Father's Birthplace	Hesse Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzell
Address	56 Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

70

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 4th 1874
4. Place of Birth (Street and Number)	4 N Holland St
5. Full Name of Mother	Eliza Martin
6. Mother's Maiden Name	" O'Connor
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Martin
9. Father's Occupation	Mechanic
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J Shelton Hill M D
Address	432 W Fayette St
Remarks	Child Healthy, physically

71

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) —
3. Date of Birth 4th of January 1875
4. Place of Birth (Street and Number) 476 Mulberry st
5. Full Name of Mother Mathilde Schleuner
6. Mother's Maiden Name Mathilde Kuntzmann
7. Mother's Birthplace Philadelphia
8. Full Name of Father Francis Schleuner
9. Father's Occupation Merchant
10. Father's Birthplace Wallau (Germany)

Name of Medical Attendant, or other Person who makes this Return. L. A. Hofmann M.D.

Address 120 Pearl st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

72

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 7th January

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 4th of January 1875

4. Place of Birth (Street and Number) 122 South Wolf Street

5. Full Name of Mother Dora Miller

6. Mother's Maiden Name Dora Schneider

7. Mother's Birthplace Germany

8. Full Name of Father John Wolf Miller

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend

Address 137 South Wolfe Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

73

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 4th 1875
4. Place of Birth (Street and Number) 171 Edmondson Av.
5. Full Name of Mother Emily B. Shipley
6. Mother's Maiden Name Emily B Hooper
7. Mother's Birthplace Balto
8. Full Name of Father Francis M. Shipley
9. Father's Occupation Bookkeeper
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. P. S. Kinnemann M.D.

Address Baltimore City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

74

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	American. White.
3. *Date of Birth*	January Dec 4th 1875
4. *Place of Birth* (Street and Number)	No 200 S. Charles st Balto Md
5. *Full Name of Mother*	Mrs. Carrie D. Gorham
6. *Mother's Maiden Name*	Miss Carrie D. Fowler
7. *Mother's Birthplace*	Fredericksburg Virginia
8. *Full Name of Father*	James F. Gorham
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	No 200 S. Charles st Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. W. Benson M.D
Address	144 Hanover st Balto Md
Remarks	

75

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

hild of Mother (state whether 1st, 2d, 3d, &c.)

ate whether Male or Female) Male

or Color (if not of the white race) White

f Birth Janerey 4 1875

of Birth (Street and Number) 311 Hamburg St

Name of Mother Margreth Bohlman

's Maiden Name Madem Rurkal

's Birthplace Oldenburg Dinglay

Name of Father Clemens Bohlman

's Occupation Grocerey Store

's Birthplace Lane Oldenburg

of Medical Attendant, or other Person who makes this Return. Miss Martin

ss 128 West St

ks

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

RETURN OF A BIRTH.

76

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 4th 1875
4. Place of Birth (Street and Number)	45-4 N. Lombard St
5. Full Name of Mother	Dora Hoffmayer
6. Mother's Maiden Name	Dora Grey
7. Mother's Birthplace	Frederick Md
8. Full Name of Father	Jno. Hoffmayer
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Hiram L. Speir MD
Address	379 N. Lombard St
Remarks	

77

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 — 5 ch

1. Sex (state whether Male or Female) female child
2. Race or Color (if not of the white race) American White
3. Date of Birth January 20th 1875
4. Place of Birth (Street and Number) Baltimore Md Biddle St No 68
5. Full Name of Mother Alma Lipman
6. Mother's Maiden Name Alma Rodu
7. Mother's Birthplace Sachsen Europe
8. Full Name of Father Henry Lipman
9. Father's Occupation Carpenter
10. Father's Birthplace Sachsen Europe

Name of Medical Attendant, or other Person who makes this Return. Rosie Wiley

Address 48 Holland St. Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

18

HEALTH DEPARTMENT
JAN
1915
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 4th 1915
4. Place of Birth (Street and Number)	Hanover St. No 290.
5. Full Name of Mother	Elizabeth Lewis
6. Mother's Maiden Name	Frank
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick Lewis
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 S. Eutaw St.
Remarks	

79

HEALTH DEPARTMENT
JAN 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 4th
4. Place of Birth (Street and Number) Freemount St. 156
5. Full Name of Mother Catharine Wiestling
6. Mother's Maiden Name Gropman Grohman
7. Mother's Birthplace Kur Hessen
8. Full Name of Father Aug. Wiestling
9. Father's Occupation Tanner
10. Father's Birthplace Sachsen

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328. S. Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

80

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th January 1875
4. Place of Birth (Street and Number)	Cross St. No. 350
5. Full Name of Mother	Augusta Korb
6. Mother's Maiden Name	Wingerd
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George H. Korb
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh.
Address	326 S. Eutaw St.
Remarks	

RETURN OF A BIRTH.

81

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

state whether Male or Female) it is a boy

or Color (if not of the white race) it is With

of Birth it is born the 4 Genevoy, 1875

of Birth (Street and Number) it is born in Baltimore 344 Hanover St.

Name of Mother Mothers nam is Margret Murphy

r's Maiden Name the malin name Margret Thomson

r's Birthplace Brotos town Ireland

Name of Father Terance Murphy

r's Occupation occupation Driver Couch Driver

r's Birthplace his Birthplace Cales town Ireland

of Medical Attendant, or other Person who makes this Return. Mrs Martin

ess

rks 128 West St.

HEALTH DEPARTMENT 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

82

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eighth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jan 9th 1875

4. Place of Birth (Street and Number) Hamill Lane No 2

5. Full Name of Mother Ellen Tift

6. Mother's Maiden Name Ellen Robinson

7. Mother's Birthplace Baltimore

8. Full Name of Father James Tift

9. Father's Occupation Boss Oysters

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Peters

Address Hamill Lane No 77.

Remarks

83

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth January 4th 1875
4. Place of Birth (Street and Number) East Madison Sts No 320
5. Full Name of Mother Lydia Sillery
6. Mother's Maiden Name Lydia Buckley
7. Mother's Birthplace Balt. County
8. Full Name of Father Chas Sillery
9. Father's Occupation Stonecutter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. P. H. Reiche M.D.

Address Waverly Balt. Co. Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

84

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Five

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Jaurry the 4 1875
4. Place of Birth (Street and Number) No 11 Willow street
5. Full Name of Mother Marry Kennedy
6. Mother's Maiden Name Marry McKeone
7. Mother's Birthplace County Roscommon Ireland
8. Full Name of Father Patt Kennedy
9. Father's Occupation Laiburr
10. Father's Birthplace County Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address No 129 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

85

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Jany 4th 1875
4. Place of Birth (Street and Number) No 175 Orleans St
5. Full Name of Mother Ann Maria Waldman
6. Mother's Maiden Name " " Allen
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry C. Waldman
9. Father's Occupation Sign Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross

Address 137 Orleans St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

86

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Whit
3. *Date of Birth* January 4th 1875
4. *Place of Birth (Street and Number)* Pratt st 1 door from Eutaw st Balti City
5. *Full Name of Mother* Margret Knight
6. *Mother's Maiden Name* Margret Roach
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Denis Knight
9. *Father's Occupation* Segar maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell

Address 58 Parkin st Baltimore city

Remarks Had no number

87

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Arthur Horan Robinson [illegible]

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 4th 1875
4. Place of Birth (Street and Number) 72 Stuckey st.
5. Full Name of Mother Mary Ann Robinson
6. Mother's Maiden Name Mary Ann Horan
7. Mother's Birthplace Georgetown D.C.
8. Full Name of Father Richard B. Robinson
9. Father's Occupation Millwright
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Dickson

Address 261 Madison Avenue

Remarks Child weighed 12 lbs. mos on average

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

88

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth ~~No. 3 [illegible]~~ 4th
4. Place of Birth (Street and Number) No. 3 Vincents Alley
5. Full Name of Mother Margaret Koerner
6. Mother's Maiden Name Margaret Hunfstengel
7. Mother's Birthplace Bavaria
8. Full Name of Father Conrad Koerner
9. Father's Occupation Labourer
10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. Anna Dunker

Address 60 N. Schroeder Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

89

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	
3. Date of Birth	Jany 4th 1875
4. Place of Birth (Street and Number)	110 Druid Hill Avenue
5. Full Name of Mother	Annie N Leitz
6. Mother's Maiden Name	n Nausfeckel
7. Mother's Birthplace	Germany
8. Full Name of Father	George S Leitz
9. Father's Occupation	Saloon Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C Winslow
Address	23 M Cullock St
Remarks	Child weighs 12 lbs —

Delivered with Forceps — Mother & child well

RETURN OF A BIRTH.

90

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Jan. 4. Th. 1875
4. *Place of Birth (Street and Number)* 288 William st
5. *Full Name of Mother* Mary Ann Elliott
6. *Mother's Maiden Name* Mary Ann Kane
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* George Elliott
9. *Father's Occupation* Oysterman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. G. L. Hasington M.D.

Address 864. Light st.

Remarks ~~The~~ Six months child and lived for 2 hours

28.

RETURN OF A BIRTH.

91

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, giving distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 5th 1875
4. Place of Birth (Street and Number)	322 S. Bond St. Balto.
5. Full Name of Mother	Mary Baker
6. Mother's Maiden Name	Mary Baker
7. Mother's Birthplace	Dublin Ireland
8. Full Name of Father	Patrick Spellmen
9. Father's Occupation	Not known
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs Catherine Brown
Address	322 S. Bond St.
Remarks	This child died about 2 hours after birth - the above is from information received from mother & inmates of house 322 S. Bond St.

Thos Kelly M.D.
Coroner

92

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 & 6th

1. Sex (state whether Male or Female) Male & Female

2. Race or Color (if not of the white race) white

3. Date of Birth January 5th

4. Place of Birth (Street and Number) Lankaster St No. 35

5. Full Name of Mother Wilhelmine Müller

6. Mother's Maiden Name Wilhelmine Zabel

7. Mother's Birthplace Hannover Germany

8. Full Name of Father Jakob Müller

9. Father's Occupation Labor

10. Father's Birthplace W. Preussen

Name of Medical Attendant, or other Person who makes this Return. Regina Heitlage

Address No. 289 S. Bend St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

93 94

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 5th 1875
4. Place of Birth (Street and Number) John Street S. Side between Eden & Spring House not numbered
5. Full Name of Mother Mary Catherine Solter
6. Mother's Maiden Name " " Taylor
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Solter
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address #305 N. Caroline St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

95

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~Second~~ Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 5th
4. Place of Birth (Street and Number)	63 N. Gilmor
5. Full Name of Mother	Mary Juliet Burrough
6. Mother's Maiden Name	" " Emery
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Horace Burrough
9. Father's Occupation	Druggist.
10. Father's Birthplace	Philadelphia.
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

96

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth.

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White
3. Date of Birth January 5th 1875.
4. Place of Birth (Street and Number) 462 West Lombard St,
5. Full Name of Mother Ann Eliza Brown,
6. Mother's Maiden Name Ann Eliza Weaver,
7. Mother's Birthplace Emmetsburg,
8. Full Name of Father Herman J. Brown
9. Father's Occupation Conductor on Railroad,
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address John J. R. Kroger M.D.

Remarks 273 W Lexington St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

97

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Jany 5th, 4 P.M.
4. *Place of Birth (Street and Number)* 51 Hanson st
5. *Full Name of Mother* Sarah Brown
6. *Mother's Maiden Name* L. Hutchins
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Edward Brown
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Joseph T. Smith M.D.

Address 107 Druid Hill Avenue

Remarks

RETURN OF A BIRTH.

98

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) of the white race

3. Date of Birth Jan 5th

4. Place of Birth (Street and Number) 212 South Bond Str

5. Full Name of Mother Rosalie Aron

6. Mother's Maiden Name Marcus

7. Mother's Birthplace Lamstert Germany

8. Full Name of Father Jacat Aron

9. Father's Occupation Storekeeper

10. Father's Birthplace Altona Germany.

Name of Medical Attendant, or other Person who makes this Return. Myl C Brindel

Address N 208 South Bond Str

Remarks

HEALTH DEPARTMENT JAN 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

99

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th of January 1875
4. *Place of Birth (Street and Number)* No 194 Chapple Street
5. *Full Name of Mother* Martha Miller
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Gustus Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary M. Ament

Address No. 137 S. Wolf Street.

Remarks

100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 5th 1875
4. Place of Birth (Street and Number) 67 S. Eden St
5. Full Name of Mother Florence Virginia Stevenson
6. Mother's Maiden Name Florence Virginia Leavitt
7. Mother's Birthplace Currituck County N.C.
8. Full Name of Father Saml E Stevenson
9. Father's Occupation Chair Maker
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. P S Kinnemon M.D.

Address Baltimore City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 3rd 1875
4. Place of Birth (Street and Number)	No 35 ann street
5. Full Name of Mother	Lotta Freuden
6. Mother's Maiden Name	Lotta Bucker
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles Freuden
9. Father's Occupation	Pilot
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Bushman
Address	120 Bank st
Remarks	

RETURN OF A BIRTH.

102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 5th 1875
4. *Place of Birth (Street and Number)* No 422 Canton Ave
5. *Full Name of Mother* Henrilla Eingler
6. *Mother's Maiden Name* Henriette Seneka
7. *Mother's Birthplace* West Prussia Europe
8. *Full Name of Father* Gottlieb Engler
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* West Prussia Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Buel

Address 120 Bank st.

Remarks

10 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Pure White
3. Date of Birth Jan 5th 1875
4. Place of Birth (Street and Number) 416 W Fayette St
5. Full Name of Mother Leanora Greble
6. Mother's Maiden Name Leanora Stewart
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm Greble
9. Father's Occupation Potter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. G. Regester MD

Address 845 W Baltimore St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

104

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 2

(state whether Male or Female) Female

or Color (if not of the white race)

of Birth January 5th 1875

of Birth (Street and Number) Latrobe near Fremont St

Name of Mother Aileen Cowardin Dammann

r's Maiden Name Aileen Cowardin

r's Birthplace Richmond Va

Name of Father John Francis Dammann

r's Occupation Merchant

r's Birthplace Baltimore

e of Medical Attendant, or other Person who makes this Return. F E Chatard

ress N 114 Park Avenue

arks

RETURN OF A BIRTH.

105

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	One Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th January 1875
4. Place of Birth (Street and Number)	86 Front St
5. Full Name of Mother	Barbara Muller
6. Mother's Maiden Name	Barbara Hugel
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Adam Muller
9. Father's Occupation	Sailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marcus Buttger
Address	134 North Front St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children

RETURN OF A BIRTH.

106

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st mo 5th
4. *Place of Birth (Street and Number)* 163 Linden Avenue.
5. *Full Name of Mother* Ellen Tuck
6. *Mother's Maiden Name* Ellen Gray.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* John Tuck
9. *Father's Occupation* Builder
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Dr W. Riley.

Address 47 Lexington St Baltimore

Remarks

RETURN OF A BIRTH.

107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 5th of January
4. *Place of Birth* (Street and Number) West Fayette Street 331
5. *Full Name of Mother* Louise Balz
6. *Mother's Maiden Name* Louise Raabe
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Reinhard Balz
9. *Father's Occupation* Provision Store
10. *Father's Birthplace* Frankenberg. Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr Ferdinand Reinhard

Address 224 West Fayette Street

Remarks Forceps used.

RETURN OF A BIRTH.

108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex (state whether Male or Female) Male Child

2. Race or Color (if not of the white race) American White

3. Date of Birth Jan 5th 1875

4. Place of Birth (Street and Number) Baltimore Md. Loyzed St No 48

5. Full Name of Mother Aurora Miller

6. Mother's Maiden Name Aurora Rodgers

7. Mother's Birthplace Sachsgota

8. Full Name of Father Charles Miller

9. Father's Occupation Cigar Maker

10. Father's Birthplace Sachsgota

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosie Kelly

Address 48 Holland St Baltimore Md.

Remarks

RETURN OF A BIRTH.

109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child Mother [illegible]

1. Sex (state whether Male or Female) female child

2. Race or Color (if not of the white race) American White

3. Date of Birth Jan 5th 1875

4. Place of Birth (Street and Number) Baltimore Md Eastern [illegible]

5. Full Name of Mother Lizzie Coller

6. Mother's Maiden Name Lizzie Willielaum

7. Mother's Birthplace Germany

8. Full Name of Father Frank Coller

9. Father's Occupation Works at the Bonefactry

10. Father's Birthplace Eltrere Tyrol

Name of Medical Attendant, or other Person who makes this Return. Mrs Rozie Hellig

Address 48 Holland St. Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 6 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1. d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	5th January 875.
4. Place of Birth (Street and Number)	No. 66. market space
5. Full Name of Mother	Susanna Winterhalter
6. Mother's Maiden Name	" Dille
7. Mother's Birthplace	Germany.
8. Full Name of Father	August Winterhalter
9. Father's Occupation	Restorateur
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper midwf
Address	52 E. Lombard St.
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3. d.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	5th January.
4. Place of Birth (Street and Number)	No 3. second St.
5. Full Name of Mother	Bessy Gottmann
6. Mother's Maiden Name	" Harrison
7. Mother's Birthplace	Russia
8. Full Name of Father	Abraham Gottmann
9. Father's Occupation	Badker
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper M.D.
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 6th 1875 10 A.M.
4. Place of Birth (Street and Number)	123 Baltic st.
5. Full Name of Mother	Maria Virginia Crampton
6. Mother's Maiden Name	Maria Virginia Costello
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Hadyus Crampton
9. Father's Occupation	Glass maker
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Geo. Lovejoy Hitchins
Address	69 So. Broadway
Remarks	Child living and well

RETURN OF A BIRTH.

113

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th Day January
4. Place of Birth (Street and Number)	214 East Baltimore St
5. Full Name of Mother	Eliza Stange
6. Mother's Maiden Name	Eliza Miller
7. Mother's Birthplace	Germany Hesse Darmstadt
8. Full Name of Father	Henry Stange
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary E Mullen
Address	26 Dallas St
Remarks	

114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 — 3 child

1. Sex (state whether Male or Female) male child

2. Race or Color (if not of the white race) Jewish White.

3. Date of Birth January 6th 1875

4. Place of Birth (Street and Number) Baltimore Md Orleans St No 51

5. Full Name of Mother Nettie Franke

6. Mother's Maiden Name Netter Field

7. Mother's Birthplace Darmstead.

8. Full Name of Father Samuel Franke

9. Father's Occupation Clerk

10. Father's Birthplace Hanover.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Rosie Ullig

Remarks 48 Holland St Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

115

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th of Jan. 1875
4. *Place of Birth (Street and Number)* Hudson Alley No number
5. *Full Name of Mother* Florence Morris
6. *Mother's Maiden Name* Shaulk
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Morris
9. *Father's Occupation* Brakeman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address No. 7 Federal St.

Remarks

116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 6. 1875
4. Place of Birth (Street and Number)	299 McElderry Street
5. Full Name of Mother	Mary E. Edwards
6. Mother's Maiden Name	Boyd
7. Mother's Birthplace	Lancaster County Virginia
8. Full Name of Father	Thomas Edwards
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Lancaster Co. Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Glass & Co.
Address	McElderry Street
Remarks	

RETURN OF A BIRTH.

117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 6th 1875
4. Place of Birth (Street and Number)	No 104 Johnson St
5. Full Name of Mother	Mrs. Jane. Sturgeon
6. Mother's Maiden Name	Miss. Jane. Murdock
7. Mother's Birthplace	Weymouth N.J.
8. Full Name of Father	John. Sturgeon
9. Father's Occupation	Machinist
10. Father's Birthplace	North East Cecil Co Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble. M.D.
Address	17 Warren St
Remarks	City

RETURN OF A BIRTH.

118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Fourth of January 1875
4. Place of Birth (Street and Number) Baltimore McCeldrey St. 130
5. Full Name of Mother Margaret Summers.
6. Mother's Maiden Name Margaret Frank
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Samuel Summers
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Allwell midwife

Address McDonough st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

119

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 7th of Jan

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 6th of January 1875
4. *Place of Birth* (Street and Number) Cambridge Street No 11.
5. *Full Name of Mother* Mary Haily.
6. *Mother's Maiden Name* Mary Heilman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Haily.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 South Wolf Street.

Remarks —

RETURN OF A BIRTH.

120

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 17
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 6th 1875
4. Place of Birth (Street and Number)	No 5 Bradford Ave
5. Full Name of Mother	Anna Bertlein
6. Mother's Maiden Name	do Rudel
7. Mother's Birthplace	Bavaria, Germany, Europe
8. Full Name of Father	John Bertlein
9. Father's Occupation	Laborer
10. Father's Birthplace	Bavaria Germany Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank str.
Remarks	

RETURN OF A BIRTH.

121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 6th, 1875.
4. Place of Birth (Street and Number)	# 243 Alicanna St.
5. Full Name of Mother	Sarah Jane Rehberger
6. Mother's Maiden Name	Sarah Jane Everett
7. Mother's Birthplace	Emmorton, Harford Co. Md.
8. Full Name of Father	John H. Rehberger
9. Father's Occupation	Medical Practitioner
10. Father's Birthplace	Baltimore, Md.,
Name of Medical Attendant, or other Person who makes this Return.	Dr. John H. Rehberger
Address	Office 243 Alicanna St.
Remarks	Born in good physical condition

RETURN OF A BIRTH.

122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1895 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 6th
4. Place of Birth (Street and Number)	Druit Hill Avenue 214
5. Full Name of Mother	Mrs Cora Leber
6. Mother's Maiden Name	Miss Cora Everhart
7. Mother's Birthplace	Carroll Co
8. Full Name of Father	Charles Leber
9. Father's Occupation	Grocer
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	William Lee M.D
Address	No 339 Eutaw Street cor Hoffman
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

123

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
12
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	6th of January
4. Place of Birth (Street and Number)	No 95 W. Lombard Street
5. Full Name of Mother	Mary Wipple
6. Mother's Maiden Name	Mary Heckman
7. Mother's Birthplace	in Baltimore
8. Full Name of Father	Charles Wipple
9. Father's Occupation	
10. Father's Birthplace	in Bremen
Name of Medical Attendant, or other Person who makes this Return.	Wayne Simon
Address	No 56 Granby Street
Remarks	

124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	One Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 January
4. Place of Birth (Street and Number)	135 North Bond st
5. Full Name of Mother	Wilhelmina Miller
6. Mother's Maiden Name	Wilhelmina Hammel
7. Mother's Birthplace	Germany
8. Full Name of Father	Justis Miller
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Margrosa Rudiger M.D.
Address	134 North Bond st.
Remarks	

125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

Baltimore 6th 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Meal Child

2. Race or Color (if not of the white race) White Child

3. Date of Birth Born on the 6 of January

4. Place of Birth (Street and Number) 170 frond Street

5. Full Name of Mother Anny Reilly anny Burns

6. Mother's Maiden Name

7. Mother's Birthplace County Reaoman Par of Eelfen

8. Full Name of Father Patrick Reilly

9. Father's Occupation Laforer By Freall

10. Father's Birthplace Count of Geatrim ireland

Name of Medical Attendant, or other Person who makes this Return. Wesele S Chirmin

Address 129 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT
JAN 5 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6. d.
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	6th January.
4. *Place of Birth* (Street and Number)	17. Bank St.
5. *Full Name of Mother*	Bridget Brooks.
6. *Mother's Maiden Name*	" Christopher
7. *Mother's Birthplace*	Ireland.
8. *Full Name of Father*	Christ. Brooks.
9. *Father's Occupation*	Ex Soapmaker
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Sarah. Passer med cor
Address	52. E. Lombard. St.
Remarks	

RETURN OF A BIRTH.

127

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

hild of Mother (state whether 1st, 2d, 3d, &c.)	Das erste
ate whether Male or Female)	Männlich Zwieling
r Color (if not of the white race)	Weiß
f Birth	Datum 6
of Birth (Street and Number)	Hannover Stritt 255
ame of Mother	Catharina Rutulf
's Maiden Name	Catharina Henkel
's Birthplace	in Hessen
ame of Father	Friedrich Rutulf
's Occupation	Schumacher
's Birthplace	~~[illegible]~~ in Hessen
of Medical Attendant, or other Person who makes this Return.	Catharina Münch
ss	Lebenhalstritt nummer 74
rks	

HEALTH DEPARTMENT 1876 BALTIMORE

RETURN OF A BIRTH.

127.
128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
8
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child, of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 7th 1875
4. Place of Birth (Street and Number)	666 Baltimore Street
5. Full Name of Mother	Goldman
6. Mother's Maiden Name	not Known
7. Mother's Birthplace	Poland
8. Full Name of Father	Moses Goldman
9. Father's Occupation	Merchant
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wessell
Address	56 Pearl Street
Remarks	

129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 7th 1875

4. Place of Birth (Street and Number) 365 Hamburg St

5. Full Name of Mother Elizabeth Dunn

6. Mother's Maiden Name " Stewart

7. Mother's Birthplace Baltimore

8. Full Name of Father George Dunn

9. Father's Occupation Bricklayer

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Jas H Carrey

Address 76 S Paca St

Remarks

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

130

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 4th 1875
4. *Place of Birth* (Street and Number) No 230 Battery Ave Balto City Md
5. *Full Name of Mother* Christiana M. J. Foote
6. *Mother's Maiden Name* " " " Freeman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo. L. Foote
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Fair Haven Conn.

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Benson. M D

Address 144 Hanover St Balto Md

Remarks

RETURN OF A BIRTH.

131

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

ild of Mother (state whether 1st, 2d, 3d, &c.)

ate whether Male or Female) Female

r Color (if not of the white race) White

f Birth January 7. 1875

f Birth (Street and Number) 348 South Charles St

ame of Mother Mary Borst

's Maiden Name Mary Gonsz

's Birthplace Creinfeld

ame of Father Herman Borst

s Occupation Saber

s Birthplace Frankenhausen

of Medical Attendant, or other Person who makes this Return. Miss Martin

ss 126 West St

rks

HEALTH DEPARTMENT JAN 8 1 1875 BALTIMORE

RETURN OF A BIRTH.

132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

ild of Mother (state whether 1st, 2d, 3d, &c.)	
ate whether Male or Female)	Female
r Color (if not of the white race)	White
f Birth	7 January 1875
of Birth (Street and Number)	166 William St
Name of Mother	Dorathea Utz
's Maiden Name	Dorathea Pielman
's Birthplace	Baltimore
Name of Father	Caspar Utz
's Occupation	Bakery
's Birthplace	Pommers Feld Byern
of Medical Attendant, or other Person who makes this Return.	Miss Martin
ss	128 West
ks	

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

RETURN OF A BIRTH.

133

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 a

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 7th 1875
4. *Place of Birth (Street and Number)* 144 Madison corner of Howard
5. *Full Name of Mother* Jane Mc Connell
6. *Mother's Maiden Name* Jane Fisher
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Francis Mc Connell
9. *Father's Occupation* Plumber & Gas Fitter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Thos J. Mundart M.D

Address 107 St Paul St

Remarks

134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 1 Ch. 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Jewish White

3. Date of Birth Jan 7th 1875

4. Place of Birth (Street and Number) Baltimore Md. Asquith St No 134

5. Full Name of Mother Sarah Micnic

6. Mother's Maiden Name Sarah Schiller

7. Mother's Birthplace Polen Europe

8. Full Name of Father Harris Micnic

9. Father's Occupation Peddler

10. Father's Birthplace Polen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosie Hellig

Address No 48 Holland St

Remarks Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7th of Jan 1875
4. Place of Birth (Street and Number) Dolphin St. No number
5. Full Name of Mother Mary M. Rollman
6. Mother's Maiden Name Hess
7. Mother's Birthplace Pennsylvania
8. Full Name of Father John Rollman
9. Father's Occupation Engineer Locomotive
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address No. 7 Federal St.

Remarks

136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 5 child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth January 7. 1875 ~~Baltimore~~
4. Place of Birth (Street and Number) Baltimore 234 South Paca
5. Full Name of Mother Mary Bruning
6. Mother's Maiden Name Mary Hagen
7. Mother's Birthplace Wohnigohaig. Bavaria (Germany)
8. Full Name of Father George Bruning
9. Father's Occupation No trade
10. Father's Birthplace Clausthal. P. Hanover (Germany)

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address 437 West Lovett St

Remarks Catharina Munch

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 7th 1875 4 P.M.
4. *Place of Birth (Street and Number)* No 99 Hillen st. Baltimore City
5. *Full Name of Mother* Johanna Sheehan
6. *Mother's Maiden Name* Johanna McNamara
7. *Mother's Birthplace* County Clare Ireland
8. *Full Name of Father* Michael Sheehan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* County Clare Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D

Address 27. N. Broadway

Remarks The above child was an eight months foetus and lived but two and one half hours.

RETURN OF A BIRTH.

138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
State whether Male or Female)	Female
Color (if not of the white race)	
Date of Birth	January 9th 1875
Place of Birth (Street and Number)	No 232 Lanvale
Name of Mother	Mary Frances Boucher
Mother's Maiden Name	Mary Frances Giles
Mother's Birthplace	Baltimore
Name of Father	William Boucher
Father's Occupation	Merchant
Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	F. E. Chatard
Address	No 114 Park Avenue
Remarks	

139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~) Second

1. Sex (state whether Male or Female) ~~Female~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 7th 1875
4. Place of Birth (Street and Number) No 51 Boyd St
5. Full Name of Mother Mary F. Hopkinson
6. Mother's Maiden Name Mary " Welch
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Jno T. Hopkinson
9. Father's Occupation Engineer
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer M.D.

Address 379 N. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 7th 1875
4. *Place of Birth (Street and Number)* 63 S. Caroline St Balto city
5. *Full Name of Mother* Ann Serena Norman
6. *Mother's Maiden Name* Ann Serena Frank
7. *Mother's Birthplace* Balto. co. Md.
8. *Full Name of Father* Richard b. Norman
9. *Father's Occupation* machinist
10. *Father's Birthplace* Charles Co. Md.

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield

Address 117 S. Broadway Balto. city

Remarks

RETURN OF A BIRTH.

141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c.) 4 st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth January 7th 1875
4. Place of Birth (Street and Number) Forest St No 28
5. Full Name of Mother Anna Maria Bamberger
6. Mother's Maiden Name " " Demling
7. Mother's Birthplace Oberhulzbach Bavaria
8. Full Name of Father Caspar Bamberger
9. Father's Occupation Painter
10. Father's Birthplace Hegstadt an der Aisch Bavaria

Name of Medical Attendant, or other Person who makes this Return. Johanna Rambach

Address South West st No 19 Old Town

Remarks

142

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 7th of January

4. Place of Birth (Street and Number) Amelia Hanske

5. Full Name of Mother Nov 77 Est. Lombart street

6. Mother's Maiden Name Amelie Brand

7. Mother's Birthplace in Roda

8. Full Name of Father William Hanske

9. Father's Occupation Schoemacker

10. Father's Birthplace in Roda

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemon

Address No. 70 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

143

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second & Sick

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Jan. 7th 1875

4. Place of Birth (Street and Number) Eastern ave No 90

5. Full Name of Mother Maggy Schultheis

6. Mother's Maiden Name Maggy Seibert

7. Mother's Birthplace Birkday

8. Full Name of Father John Schultheis

9. Father's Occupation Earthenware Manufactory

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address No 151 E. Pratt St

Remarks

RETURN OF A BIRTH.

144

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1875 BALTIMORE

ild of Mother (state whether 1st, 2d, 3d, &c.) Das 3

te whether Male or Female) Weiblich

Color (if not of the white race) Weiß

Birth Datum 7

f Birth (Street and Number) Lovenhalstritt nummer 40

ame of Mother Karolina Hattersheimer

Maiden Name Karolina Hellwig.

s Birthplace Baltimore

ame of Father Rudolf Hattersheimer

Occupation Buchfiierer

Birthplace Elsass

of Medical Attendant, or other Person who makes this Return. Catharina Münch

ss Lovenhal Stritt 74.

ks

RETURN OF A BIRTH.

1145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	7th January 875
4. Place of Birth (Street and Number)	55 market space
5. Full Name of Mother	Sophie Behr
6. Mother's Maiden Name	" Neuhaus
7. Mother's Birthplace	Germeny.
8. Full Name of Father	Theodor Behr
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germeny.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

146

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 5th 1875
4. Place of Birth (Street and Number)	78 Eighth St.
5. Full Name of Mother	Annie Neff
6. Mother's Maiden Name	Einhard
7. Mother's Birthplace	Germany
8. Full Name of Father	Gottlieb Neff
9. Father's Occupation	Pastor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

147

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	7th January 875
4. *Place of Birth* (Street and Number)	125. Spring St.
5. *Full Name of Mother*	Elise Zeller
6. *Mother's Maiden Name*	" Roth
7. *Mother's Birthplace*	Germeny.
8. *Full Name of Father*	Georg Zeller
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Germeni
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

148

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth January 7th 1875
4. Place of Birth (Street and Number) No 202 Cor Chase & Ensor
5. Full Name of Mother Margrate Priller
6. Mother's Maiden Name Magrate Hille
7. Mother's Birthplace Hessen
8. Full Name of Father Conrad Priller
9. Father's Occupation Carpenter
10. Father's Birthplace Sachsen

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address No 182 Monument street East

Remarks

149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth January 7th 1875.
4. Place of Birth (Street and Number) No. 188 East Monument Street,
5. Full Name of Mother Mary A. Bachelor.
6. Mother's Maiden Name Mary A. Sower.
7. Mother's Birthplace Baltimore
8. Full Name of Father Christopher Bachelor.
9. Father's Occupation Produce Store,
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lina Hilligeist.

Address No 182 Monument Street East

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15.0

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) Black

3. Date of Birth Seventh of January 2.30 A.M.

4. Place of Birth (Street and Number) 15 High Alley

5. Full Name of Mother Susan A. Roberts

6. Mother's Maiden Name Susan A. Parker

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Roberts

9. Father's Occupation Drayman

10. Father's Birthplace Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. A Frey Shertzer M.D.

Address 117 East Baltimore St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

157

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 8th 1875
4. *Place of Birth (Street and Number)* 123 Linden ave Balto
5. *Full Name of Mother* Robena Frances Ferguson
6. *Mother's Maiden Name* " " McKennal
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Robert Ferguson
9. *Father's Occupation* Boot & shoe merchant
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanneyhill M.D.

Address 129 W. Biddle St Balto

Remarks a healthy g[illegible] child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

152

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white.
3. Date of Birth	January 8th
4. Place of Birth (Street and Number)	Alice Ann St. 297
5. Full Name of Mother	Johanne Fraesemann
6. Mother's Maiden Name	Johanne Westphal
7. Mother's Birthplace	Bluimenthal
8. Full Name of Father	J. H. Fraesemann
9. Father's Occupation	Seaman
10. Father's Birthplace	Emden
Name of Medical Attendant, or other Person who makes this Return.	Regina Heritage
Address	No 289 S Paca St
Remarks	

153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex (state whether Male or Female) male child
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 3 1875
4. Place of Birth (Street and Number) Lapp Ct no 153
5. Full Name of Mother Lennie Kynsan
6. Mother's Maiden Name [illegible] not Married
7. Mother's Birthplace Balt Md
8. Full Name of Father Benjamin Cale
9. Father's Occupation [illegible]
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Jackson

Address [illegible]

Remarks Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1574

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 8th 1875
4. Place of Birth (Street and Number)	343. Pratt Street
5. Full Name of Mother	Albert
6. Mother's Maiden Name	Fisher
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Charles Albert
9. Father's Occupation	Porter in Store
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wunsch
Address	56. Pearl Street
Remarks	

HEALTH DEPARTMENT JAN 8 1875 BALTIMORE

RETURN OF A BIRTH.

155

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male living
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th
4. Place of Birth (Street and Number)	144 Hughes St.
5. Full Name of Mother	Mary Agnes Carlisle
6. Mother's Maiden Name	" Ryan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patk. Carlisle
9. Father's Occupation	Grocer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the second child.

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth the 8 day of January 2 o'clock P. M.

4. Place of Birth (Street and Number) 18 Anthonie Str.

5. Full Name of Mother Marie Boland.

6. Mother's Maiden Name Marie Byril.

7. Mother's Birthplace Strakonie Bohemian

8. Full Name of Father Anton Boland

9. Father's Occupation Robe maker

10. Father's Birthplace Braslav Bohemia.

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnes Str. Balto Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Pure
3. Date of Birth	8th January
4. Place of Birth (Street and Number)	No 82 S. Wolf street
5. Full Name of Mother	Bellie Fleishmann
6. Mother's Maiden Name	" Moses
7. Mother's Birthplace	Bavaria Europe
8. Full Name of Father	Moses Fleishmann
9. Father's Occupation	Butcher
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	120. Bank
Remarks	

HEALTH DEPARTMENT
OCT 1 1875
BALTIMORE

RETURN OF A BIRTH.

158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex* (state whether ~~Male~~ or Female)	female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	8th of January 1875
4. *Place of Birth* (Street and Number)	S W corner of Hanover & Hill
5. *Full Name of Mother*	Jacopa Molinari
6. *Mother's Maiden Name*	unknown
7. *Mother's Birthplace*	Italy
8. *Full Name of Father*	Peter Molinari
9. *Father's Occupation*	Stereibuttor Stencil Cutter
10. *Father's Birthplace*	Italy
Name of Medical Attendant, or other Person who makes this Return.	Dina Hillegeist
Address	182 Monument St.
Remarks	the Child died 3 days after birth

RETURN OF A BIRTH.

159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 2° Child

(state whether Male or Female) Boy

or Color (if not of the white race)

of Birth January 8th 1875

of Birth (Street and Number) N 104 Dolphin St

Name of Mother Mary Kirby

r's Maiden Name Mary Fitzpatrick

r's Birthplace Parish Drumlane County Cavan Ireland

Name of Father Joseph Kirby

r's Occupation Laborer

r's Birthplace Limerick Ireland

e of Medical Attendant, or other Person who makes this Return. F E Chatard

ress N 114 Park Avenue

arks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

160

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 8th 1875
4. *Place of Birth (Street and Number)* N.E. Corner of Caroline & John Sts
5. *Full Name of Mother* Mary Ann Lutz
6. *Mother's Maiden Name* " " Richmond
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Wesley Lutz
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address 305 Caroline St Baltimore

Remarks

RETURN OF A BIRTH.

161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ernestine Schefer. maiden name 1st

1. Sex (state whether ~~Male or~~ Female) Mary. Else Schafer Fürchtenicht

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 8th ~~1874~~ Jan. 1875.

4. Place of Birth (Street and Number) Hull. St. N° 6. Lower [illegible] Baltimore

5. Full Name of Mother Ernestine Fürchte[illegible]

6. Mother's Maiden Name Ernstine.

7. Mother's Birthplace Lohnet. Point. N° 6. [illegible] Baltimore

8. Full Name of Father Heinrich Friedrich Fürchtenicht

9. Father's Occupation Cooper Man.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Margarethe Ertel.

Address Lohnet Point.

Remarks

HEALTH DEPARTMENT 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 8th 75.
4. Place of Birth (Street and Number)	No 49 N Green St.
5. Full Name of Mother	Mrs Mary L Robertson
6. Mother's Maiden Name	Mary L Turner
7. Mother's Birthplace	New Orleans La
8. Full Name of Father	Robt L Robertson
9 Father's Occupation	Carpenter & Builder
10. Father's Birthplace	New Orleans La
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St corner Green St
Remarks	Healthy Child

163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth The 8th day of January 1875
4. Place of Birth (Street and Number) S.W. Corn. of Albemarle St. & Eastern Avne
5. Full Name of Mother Mary Elise Hottgreive
6. Mother's Maiden Name Becker
7. Mother's Birthplace Baltimore
8. Full Name of Father Bernhard Herman Hottgreive
9. Father's Occupation Provision Dealer
10. Father's Birthplace Toledo O.

Name of Medical Attendant, or other Person who makes this Return. J. Mathieu, M.D.S.

Address 245 E. Balto St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth January 8th 1875.
4. Place of Birth (Street and Number) No 378 Gay st.
5. Full Name of Mother Anna Lohmeyer
6. Mother's Maiden Name Anna Boehr
7. Mother's Birthplace Germany
8. Full Name of Father Adolph Lohmeyer.
9. Father's Occupation Notions & Millinery
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address No 182 Monument street. East

Remarks

165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, 4th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 8th 1875
4. Place of Birth (Street and Number) Falls road
5. Full Name of Mother Mary Doyle
6. Mother's Maiden Name Mary Kennan
7. Mother's Birthplace Maryland
8. Full Name of Father Hugh Doyle
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Chester Lounder M.D. 59 Cathedral St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

166

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 40 A.M. P.M. January 8th 1875
4. *Place of Birth (Street and Number)* 271 E. Baltimore St
5. *Full Name of Mother* Catherine Eliza Harbaugh
6. *Mother's Maiden Name* Hayes
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Frederick Worth Harbaugh
9. *Father's Occupation* Sewing Machine Agent
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Dr. Jamie E. Donnelle

Address 299 E. Baltimore St

Remarks Instrumental Labor

167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth January 8. 1875
4. Place of Birth (Street and Number) No 256. Ann Street
5. Full Name of Mother Marianna Sam.
6. Mother's Maiden Name
7. Mother's Birthplace Germany
8. Full Name of Father dont know
9. Father's Occupation " "
10. Father's Birthplace " "

Name of Medical Attendant, or other Person who makes this Return. Marie Ludwigsen

Address 23 Durham Street

Remarks m a Latterer

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	8th day of January 1875
4. Place of Birth (Street and Number)	267 S Broadway
5. Full Name of Mother	Katherine Bruns
6. Mother's Maiden Name	Katherine Weigant
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Bruns
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Lower Germany
Name of Medical Attendant, or other Person who makes this Return.	~~Thomas Lubber~~
Address	No 23 Durham St
Remarks	

RETURN OF A BIRTH.

169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
13
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Brown
3. *Date of Birth* January 8th
4. *Place of Birth (Street and Number)* St. James Street No 6.
5. *Full Name of Mother* Josephine Butler
6. *Mother's Maiden Name* Josephine Woods
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* John Henry Butler
9. *Father's Occupation* Grain Measurer
10. *Father's Birthplace* Anne Rundle County

Name of Medical Attendant, or other Person who makes this Return. Nicholas Grissmer

Address 129 E Monument

Remarks

RETURN OF A BIRTH.

170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) One Female

2. Race or Color (if not of the white race) White

3. Date of Birth 8th January

4. Place of Birth (Street and Number) Cattle St Bet. Chew & Madison

5. Full Name of Mother Margaret Ritz

6. Mother's Maiden Name Margaret Roeder

7. Mother's Birthplace Germany

8. Full Name of Father Conrad Ritz

9. Father's Occupation Sausage Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Maryrosy Rudiger

Address 134 North Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

171.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 8. 1875
4. Place of Birth (Street and Number)	352 Fayette St.
5. Full Name of Mother	Barbara Sonnhild
6. Mother's Maiden Name	Barbara Bragg
7. Mother's Birthplace	Frankfort on the Main
8. Full Name of Father	Lenis Sonnhild
9. Father's Occupation	Not engaged
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson M.D
Address	257 Madison Avenue
Remarks	

RETURN OF A BIRTH.

172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 8th 1875
4. Place of Birth (Street and Number)	No 960 Granby Street
5. Full Name of Mother	Sarah Hughes
6. Mother's Maiden Name	" Leahy
7. Mother's Birthplace	New York
8. Full Name of Father	John Hughes
9. Father's Occupation	Shipping Master
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	No 151 East Pratt Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

173

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 9th 1875
4. *Place of Birth (Street and Number)* 99 Elliott St.
5. *Full Name of Mother* Maria Moran
6. *Mother's Maiden Name* Maria Leonard
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Moran
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. James A. McShane M.D.

Address 257 Eastern Ave.

Remarks

RETURN OF A BIRTH.

174

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 9th 1875
4. Place of Birth (Street and Number)	246 Eastern Ave.
5. Full Name of Mother	Elizabeth Catharine Sandner
6. Mother's Maiden Name	" " Kistner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis A. Sandner
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	James A. Whitacre M.D.
Address	254 Eastern Ave.
Remarks	

RETURN OF A BIRTH.

175

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 7th 1875
4. Place of Birth (Street and Number)	No 247 N. Eden Street
5. Full Name of Mother	Angelina Burnie
6. Mother's Maiden Name	Angelina Williams
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Charles Burnie
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louis Hillquist
Address	No 182 East Monument st.
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth January 9th 1875
4. Place of Birth (Street and Number) No 63 North Gay st
5. Full Name of Mother Wilhelmine Loch
6. Mother's Maiden Name Wilhelmine Lippold
7. Mother's Birthplace Germany
8. Full Name of Father Emile Loch
9. Father's Occupation Watch maker
10. Father's Birthplace ~~Germany~~ France.

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address No 182 East Monument Street

Remarks

RETURN OF A BIRTH.

177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 9th of January
4. Place of Birth (Street and Number) No 35 South Bethel St
5. Full Name of Mother Mrs. Anna ~~Sprain~~ Buddenbaum
6. Mother's Maiden Name Mrs Anna Buddenbaum Sprain
7. Mother's Birthplace Baltimore
8. Full Name of Father Ferdinand Buddenbaum
9. Father's Occupation Carpenter
10. Father's Birthplace Province of Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ulricke Gezke

Address 52 Bethel St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	10 d
1. Sex (state whether Male or Female)	girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 of January 1875
4. Place of Birth (Street and Number)	273 W. Pratt St.
5. Full Name of Mother	Anna Mushake
6. Mother's Maiden Name	Anna Hildebrand
7. Mother's Birthplace	Sax Weimar
8. Full Name of Father	Karl Mushake
9. Father's Occupation	Fancy Store
10. Father's Birthplace	Eckelheim Hesse Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reis
Address	No. 40 E Fayett St.
Remarks	

RETURN OF A BIRTH.

179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 9th
4. Place of Birth (Street and Number)	Calverton Road
5. Full Name of Mother	Caroline Thiemeyer
6. Mother's Maiden Name	Car. Hillforts
7. Mother's Birthplace	Hanover
8. Full Name of Father	Adolph Thiemeyer
9. Father's Occupation	Tavern
10. Father's Birthplace	Hanover
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth January 9th

4. Place of Birth (Street and Number) 134 Saratoga Street.

5. Full Name of Mother M. Haeffner.

6. Mother's Maiden Name Margaret Kuxler

7. Mother's Birthplace Hessen Cassell

8. Full Name of Father Lewis Haeffner

9. Father's Occupation Sailor Tailor

10. Father's Birthplace Boden

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 56 Pearl Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 9th 1875

4. Place of Birth (Street and Number) Nr. 139. Light St.

5. Full Name of Mother Mrs. Margaretta Louise Horn

6. Mother's Maiden Name Margaretta Louise

7. Mother's Birthplace Germania

8. Full Name of Father Theo Horn

9. Father's Occupation Merchant

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnston M.D.

Address Nr. 62 Franklin St. Balto.

Remarks (1st. Position Head. / Duration of labor: from 1st pains, about 30 hours. Both well.

182.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex* (state whether Male ~~or Female~~)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Jan. 9th. 1875.
4. *Place of Birth* (Street and Number)	99 E. Fayette St.
5. *Full Name of Mother*	Lucy Lyon,
6. *Mother's Maiden Name*	Lucy Hite
7. *Mother's Birthplace*	Prince Geo. Co. Virginia,
8. *Full Name of Father*	Gaetanus A. Lyon,
9 *Father's Occupation*	Bookbinder,
10. *Father's Birthplace*	Richmond, Virginia.
Name of Medical Attendant, or other Person who makes this Return.	Wilbur P. Morgan M.D.
Address	175 Saratoga St
Remarks	

RETURN OF A BIRTH.

183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* January 9th 1875

4. *Place of Birth (Street and Number)* 85 North Howard St

5. *Full Name of Mother* Lucia Ann Ireland

6. *Mother's Maiden Name* Hartman

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Columbus Wilson Ireland

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Calvert Co Maryland

Name of Medical Attendant, or other Person who makes this Return. James H Kenney

Address 76 Race St

Remarks

RETURN OF A BIRTH.

184

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Four

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 9th 75
4. *Place of Birth (Street and Number)* 150 Lexington st
5. *Full Name of Mother* Laura Putzman
6. *Mother's Maiden Name* Laura Clarke
7. *Mother's Birthplace* Hagerstown Md
8. *Full Name of Father* Wm H. Putzman
9. *Father's Occupation* Clerk in Treasury at Baltimore
10. *Father's Birthplace* Leitersburg Maryland

Name of Medical Attendant, or other Person who makes this Return. John Brooke Boyle M.D.

Address 174 E. Eager st.

Remarks

RETURN OF A BIRTH.

185

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Jan 9th 1875 4.30 P.M.
4. Place of Birth (Street and Number)	No 87 Otford St
5. Full Name of Mother	Adeline Clemens Johnson
6. Mother's Maiden Name	Adeline Clemens
7. Mother's Birthplace	Balt°
8. Full Name of Father	Nathan Johnson
9. Father's Occupation	Driver for Stevens' Furniture House
10. Father's Birthplace	Eastern Shore, Maryland
Name of Medical Attendant, or other Person who makes this Return.	Randolph Winslow M.D.
Address	23 McCulloh St. Balt°
Remarks	Child born alive & living at this date.

186.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) A Male
2. Race or Color (if not of the white race) White Race
3. Date of Birth 9 of January
4. Place of Birth (Street and Number) Harford Av 52 Jane Hasch
5. Full Name of Mother Jane McGhee
6. Mother's Maiden Name
7. Mother's Birthplace Ireland
8. Full Name of Father Frances Cassidy
9. Father's Occupation A Driver
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursele T Chismer No 129 Monument

Address No 52 Harford a.v.

Remarks Sun

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the fourth

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* January 9th

4. *Place of Birth* (Street and Number) No. 145 Orleans Street.

5. *Full Name of Mother* Anna Martindale Rohn

6. *Mother's Maiden Name* Pritchard.

7. *Mother's Birthplace* Balto. City.

8. *Full Name of Father* David Rohn

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Kluber M.D.

Address No. 197 Aisquith st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

188

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the Eighth

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth January 9th

4. Place of Birth (Street and Number) No 254 Aisquith Street.

5. Full Name of Mother Emily Frances Beck

6. Mother's Maiden Name Monroe

7. Mother's Birthplace Balto City

8. Full Name of Father Fred W. Beck

9. Father's Occupation Book Keeper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Chas J. Krueber M.D.

Address No 197 Aisquith St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 12 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 9th 1875
4. Place of Birth (Street and Number)	Pace St. No. 122
5. Full Name of Mother	Mrs Adeline E. Doyle
6. Mother's Maiden Name	Adeline E. Raff
7. Mother's Birthplace	Vicksburg Miss.
8. Full Name of Father	Jno. Ignas. Doyle
9 Father's Occupation	Tin Carrier
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Foley Jenkins
Address	148 Mulberry St Corner Greene
Remarks	in good Health

RETURN OF A BIRTH.

190
191.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
12
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Twins (Females)
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 9th 1875
4. *Place of Birth (Street and Number)* 131 S. Eden St Balto. city
5. *Full Name of Mother* Martha N. Wolf
6. *Mother's Maiden Name* Martha N. Mullen
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* John B. Wolf
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 S. Broadway

Remarks

191

Missing

1875

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child of children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

192

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Janey 9th 1875
4. Place of Birth (Street and Number) 270 N. Bond St
5. Full Name of Mother ~~XXX~~ Rosina Jane Kirby
6. Mother's Maiden Name " " McComas
7. Mother's Birthplace Harford Co Md
8. Full Name of Father Richard Henry Kirby
9. Father's Occupation House carpenter
10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address 305 N Caroline St

Remarks

RETURN OF A BIRTH.

193

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 1st 1873
4. Place of Birth (Street and Number)	No 201 Canton Ave
5. Full Name of Mother	Mary De Lilly
6. Mother's Maiden Name	Bain
7. Mother's Birthplace	Baltimore, Md
8. Full Name of Father	Wm De Lilly
9. Father's Occupation	Musician
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	120 Bank st.
Remarks	

HEALTH DEPARTMENT JAN 1 1873 BALTIMORE

RETURN OF A BIRTH.

194

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 18 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	3d
1. Sex (state whether Male or Female)	A Girl named Barbara
2. Race or Color (if not of the white race)	White
3. Date of Birth	born 2d January 1875
4. Place of Birth (Street and Number)	Garazon Lane
5. Full Name of Mother	Barbara Struemer
6. Mother's Maiden Name	Barbra Ressler
7. Mother's Birthplace	born in the City of Baltimore
8. Full Name of Father	Michel Struemer
9. Father's Occupation	Beer Brewer
10. Father's Birthplace	Rixberg Bewarian Germanie
Name of Medical Attendant, or other Person who makes this Return.	Louis Hillar
Address	Smallwood Street No 54
Remarks	Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

195

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth January 9th
4. Place of Birth (Street and Number) No 110 Thames St
5. Full Name of Mother Magaretha Otte
6. Mother's Maiden Name Magaretha Offenbach
7. Mother's Birthplace Kur-Hessen
8. Full Name of Father Henry Otte
9. Father's Occupation Schoemaker
10. Father's Birthplace Waldeburg

Name of Medical Attendant, or other Person who makes this Return. Virginia Hettage

Address

Remarks

RETURN OF A BIRTH.

196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
19
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	6d
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th of January 1875
4. Place of Birth (Street and Number)	Chesnut Ally No 14
5. Full Name of Mother	Weiss
6. Mother's Maiden Name	Gat
7. Mother's Birthplace	(Germany)
8. Full Name of Father	Johnnes Weiss
9. Father's Occupation	Loubrer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Maria Nazarenus
Address	Rosel Street No 70,
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 9th 1875
4. Place of Birth (Street and Number)	140 N. Dallas Street
5. Full Name of Mother	Martha Saline Nicholson
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Balto City
8. Full Name of Father	~~~~~
9. Father's Occupation	~~~~~
10. Father's Birthplace	~~~~~
Name of Medical Attendant, or other Person who makes this Return.	Rosilla her X mark Williams
Address	711 Chestnut Street
Remarks	Health child + mother doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

198

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* January 10th 1875.
4. *Place of Birth* (Street and Number) 470 E. Fayette St. Balto
5. *Full Name of Mother* Sarah E. Waskey.
6. *Mother's Maiden Name* Sarah E. Miller.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Benjamin F. Waskey.
9. *Father's Occupation* Cabinet Maker.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Powell. M.D.

Address 372 E. Balt St.

Remarks Delivered with the Forceps. Mother and child doing well.

199

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 10th/75
4. Place of Birth (Street and Number) Canton. Ave. No. 476.
5. Full Name of Mother M. Baum
6. Mother's Maiden Name Ulbrich
7. Mother's Birthplace Beyern
8. Full Name of Father John. Baum
9. Father's Occupation Cupper
10. Father's Birthplace Beyern

Name of Medical Attendant, or other Person who makes this Return. Johanna Schutte

Address Midwife

Remarks Allice Anna st No. 320

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Perfectly [illegible]

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth January 10th 9.30 A.M. Labor 16 hours
4. Place of Birth (Street and Number) S.W. Cor Pratt & Caroline St.
5. Full Name of Mother Laura S. Joynes
6. Mother's Maiden Name " " Brannon
7. Mother's Birthplace Baltimore
8. Full Name of Father William E. Joynes
9. Father's Occupation Segar Manufacture
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Tregd Shertzer Md.

Address 117 East Baltimore St.

Remarks

Strange to say this was the first child, & yet the mother did not lose [illegible] although she is a small woman & only 17 years of age.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) ———
3. Date of Birth January 10th — 11.45 P.M.
4. Place of Birth (Street and Number) 101 Eutaw Street.
5. Full Name of Mother Sarah Jane Walsh
6. Mother's Maiden Name Sarah Jane Bowen.
7. Mother's Birthplace Calvert County.
8. Full Name of Father Thomas King Walsh
9. Father's Occupation Policeman.
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. D. Caldwell Ireland M.D.

Address 178 Aisquith St

Remarks ———

RETURN OF A BIRTH.

202

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	January 10th 1875.
4. *Place of Birth* (Street and Number)	257 W. Fayette.
5. *Full Name of Mother*	Hannah Filmer Shafer.
6. *Mother's Maiden Name*	" " Horn.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Jacob Conrad Shafer.
9. *Father's Occupation*	Packer of Meats.
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

RETURN OF A BIRTH.

203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 10th 1875
4. *Place of Birth (Street and Number)* Clinton St. Canton Balto. co.
5. *Full Name of Mother* Julia Evans
6. *Mother's Maiden Name* Julia Rumph
7. *Mother's Birthplace* Balto. city
8. *Full Name of Father* Thos. Evans
9. *Father's Occupation* Copper Smith
10. *Father's Birthplace* Wales

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 S. Broadway

Remarks

204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 12th 1875
4. Place of Birth (Street and Number)	No. 99 E Pratt Street
5. Full Name of Mother	Christine Upthoff
6. Mother's Maiden Name	" " Schweier
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Upthoff
9. Father's Occupation	Block Smith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Keller
Address	151 E. Pratt Street
Remarks	

205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~First~~ fourth Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) /

3. Date of Birth January 10th 1875

4. Place of Birth (Street and Number) No. 360 E. Pratt Street

5. Full Name of Mother Fannie M. Homer

6. Mother's Maiden Name " " M. Matthews

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Homer

9. Father's Occupation Pork Packer and Provision Dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant or other Person who makes this Return. Gertrude Miller

Address 151 E. Pratt Street

Remarks

206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth January 10th 1875

4. Place of Birth (Street and Number) No 102 S. Register st

5. Full Name of Mother Anna Rebke

6. Mother's Maiden Name " Gopou.

7. Mother's Birthplace Holstein Europe

8. Full Name of Father Carl Rebke

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Bavaria Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. E Bushman

Address 120 Bank st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

207

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	10th January 1875
4. Place of Birth (Street and Number)	No 232 S. Caroline St
5. Full Name of Mother	Minna Hedwig
6. Mother's Maiden Name	Minna Schack
7. Mother's Birthplace	Switzerland Europe
8. Full Name of Father	Reinhardt Hedwig
9. Father's Occupation	Sugar Baker
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buskirk
Address	120 Bank St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

208

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10th January 1875
4. Place of Birth (Street and Number) 16 Armstead Lane
5. Full Name of Mother Mary Garrety
6. Mother's Maiden Name ~~Thomas Garrety~~ Dyer
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas Dougherty
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address 57 Barrest

Remarks

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

209

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 10th 1875
4. *Place of Birth* (Street and Number) No. 91 North Broadway
5. *Full Name of Mother* Mrs. Sarah F. Beans
6. *Mother's Maiden Name* Sarah F. Pedrazzi
7. *Mother's Birthplace* Baltimore City, Md.
8. *Full Name of Father* James F. Beans
9. *Father's Occupation* Gentleman
10. *Father's Birthplace* Baltimore County, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. H. Goodwin

Address No. 93 North Broadway

Remarks Healthy Child

RETURN OF A BIRTH.

210

HEALTH DEPARTMENT JAN 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 10 "
4. Place of Birth (Street and Number)	Eutaw St. 226
5. Full Name of Mother	Catharine Thomas
6. Mother's Maiden Name	Ebert
7. Mother's Birthplace	Hun. Hessen
8. Full Name of Father	John H. Thomas
9. Father's Occupation	Glass Blower
10. Father's Birthplace	Hun. Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 S. Eutaw St.
Remarks	

RETURN OF A BIRTH.

211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	August 10th 1895
4. *Place of Birth* (Street and Number)	448 East Lombard St
5. *Full Name of Mother*	Eliza S. Gober
6. *Mother's Maiden Name*	Eliza S. Clarke
7. *Mother's Birthplace*	Essex, England
8. *Full Name of Father*	George W. Gober
9. *Father's Occupation*	Ship Joiner
10. *Father's Birthplace*	Old Point Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Riley
Address	141 E Chase St Balto
Remarks	Born in sound and healthy condition

RETURN OF A BIRTH.

Nat Quiw 212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

Name: Frederick Henry Adam Nily

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 10th 1875.
4. *Place of Birth (Street and Number)* McDonogh St No 37[illegible]
5. *Full Name of Mother* B. Mary Nily
6. *Mother's Maiden Name* B. Mary Zimmermann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick Nily
9. *Father's Occupation* Jeweller
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Walter W. White, M.D.

Address No 350 N. Broadway.

Remarks Physical condition good.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) female child

2. Race or Color (if not of the white race) Colloid

3. Date of Birth Febuarye 10 1875

4. Place of Birth (Street and Number) no 16 Mcelldry caart

5. Full Name of Mother margret johnson

6. Mother's Maiden Name Margret Robinson

7. Mother's Birthplace Anerundel County Mid

8. Full Name of Father henry johnson

9. Father's Occupation Hod carier

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs lear johnson

Address Short Street no 32

Remarks very Heathy

Leah

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

214

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) female child

2. Race or Color (if not of the white race) [illegible]

3. Date of Birth february 15 1875

4. Place of Birth (Street and Number) short st no 17

5. Full Name of Mother hennietta myrls

6. Mother's Maiden Name Hanna dodd

7. Mother's Birthplace Queen ann county [illegible]

8. Full Name of Father John ~~myrls~~ Myers

9. Father's Occupation Laborer

10. Father's Birthplace Queen ann county

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson ~~short st no 33~~

Address no. 32 short st

Remarks Health

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 10th 1875
4. Place of Birth (Street and Number)	Battery Av No 3
5. Full Name of Mother	Sarah Lizzie Jones
6. Mother's Maiden Name	Sarah Lizzie Carroll
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James Jones
9. Father's Occupation	Mariner
10. Father's Birthplace	Kent Delaware
Name of Medical Attendant, or other Person who makes this Return.	H. B. Stokes M.D
Address	17 Warren St city
Remarks	

dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Cathering Digging

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 11 1875
4. Place of Birth (Street and Number) 101 East Egan St
5. Full Name of Mother Catherine Digging
6. Mother's Maiden Name Kent Wogan
7. Mother's Birthplace Canton Isle Island
8. Full Name of Father John Digging
9. Father's Occupation Brass finisher
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Ward

Address No. 4 Webster Court

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex* (state whether ~~Male~~ or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 11th 1875
4. *Place of Birth* (Street and Number) Bond St N° 230
5. *Full Name of Mother* Catherine Feldpausch
6. *Mother's Maiden Name* Meeker
7. *Mother's Birthplace* Germ.
8. *Full Name of Father* Henry Feldpausch
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Ger.

Name of Medical Attendant, or other Person who makes this Return. O. S. Watson M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

218

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 2d

1. Sex (state whether Male or Female) A Girl the Second child
2. Race or Color (if not of the white race) White
3. Date of Birth born 11th of January 1875
4. Place of Birth (Street and Number) Frederick Road near Edmondson Town
5. Full Name of Mother Louise ~~Stoot~~ Fisher
6. Mother's Maiden Name Louise Stoots
7. Mother's Birthplace born in the City of Baltimore
8. Full Name of Father Henry Fisher
9. Father's Occupation Laborer
10. Father's Birthplace born in Catonsville Balto.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillas

Address Smallwood St. No 37

Remarks Healthy Child

RETURN OF A BIRTH.

212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 11th 1875
4. Place of Birth (Street and Number)	No. 151 E. Baltimore Street
5. Full Name of Mother	Augusta Holzhimer
6. Mother's Maiden Name	" " Steiner
7. Mother's Birthplace	Germany
8. Full Name of Father	Theodor Holzhimer
9. Father's Occupation	Cutter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Walker Mr. Taylor
Address	No 151 East Pratt Street
Remarks	Dead Born

RETURN OF A BIRTH.

220

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	American. White
3. Date of Birth	January 11th 1875
4. Place of Birth (Street and Number)	17 Armstead Lane
5. Full Name of Mother	Jane Owens
6. Mother's Maiden Name	Jane Hall
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John W. Owens
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Prince-Georges County
Name of Medical Attendant, or other Person who makes this Return.	C. A. Cake
Address	Cor Lee & Warner sts
Remarks	

RETURN OF A BIRTH.

221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1 1875 BALTIMORE.

...d of Mother (state whether 1st, 2d, 3d, &c.) 3 Children Male

...e whether Male or Female) Male

Color (if not of the white race) With

Birth 11 ganevery

... Birth (Street and Number) Battery avenene 2 17

...me of Mother Seery Frainzes ~~greaitery~~ full

... Maiden Name Seery Frainzes Greaitery

... Birthplace Norfolke verginea

...me of Father Fraink full

Occupation Laiber

... Birthplace Laltimore

...of Medical Attendant, or other Person who makes this Return. Mrs. Martin

... 128 West St.

...ks

RETURN OF A BIRTH.

222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth January 11th 1875
4. Place of Birth (Street and Number) No 254 Bond St. north
5. Full Name of Mother Adeline Ehrman
6. Mother's Maiden Name " Wentzbuger
7. Mother's Birthplace Balto City
8. Full Name of Father Benjamin Ehrman
9. Father's Occupation Horse Trader
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Walter R. White, M.D.

Address No 350 N. Broadway

Remarks Physical condition of child good.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 — 9 Ch

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) American White
3. Date of Birth Jan 11th 1875
4. Place of Birth (Street and Number) Baltimore Md Ensor St [illegible]
5. Full Name of Mother Augusta Krausse
6. Mother's Maiden Name Augusta Neumeister
7. Mother's Birthplace Hanover Oldenburg.
8. Full Name of Father Albert Krausse
9. Father's Occupation Restaurant
10. Father's Birthplace Berlin Prussia.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosie Ullig

Address 48 Holland St Baltimore [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

224

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th of January 1875
4. Place of Birth (Street and Number)	No 8 Abbott St.
5. Full Name of Mother	Ann Bazarek
6. Mother's Maiden Name	ann Wolek
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Peter Bazorek
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Caterine Bazorek
Address	No 30 Abbott Street
Remarks	

RETURN OF A BIRTH.

223

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* January 11th 1875.

4. *Place of Birth* (Street and Number) N 4 Warren Street.

5. *Full Name of Mother* Maria Rieckwald,

6. *Mother's Maiden Name* Maria Kraft,

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Henry Rieckwald,

9. *Father's Occupation* Laborer,

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms

Address #178 Aliceapell St. Fells Point

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	11th June 1875
4. Place of Birth (Street and Number)	87 S. High St.
5. Full Name of Mother	Marie Buchmann
6. Mother's Maiden Name	" Igel.
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Buchmann
9. Father's Occupation	Bricklayer.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

227

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Jan 15 1875

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 11th 1875
4. *Place of Birth (Street and Number)* Belgrade Ave & Fremont
5. *Full Name of Mother* Emma Gleichmann
6. *Mother's Maiden Name* Emma Lotz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gleichmann
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 127 South Wolfe St.

Remarks

No. 2.

RETURN OF A BIRTH.

228

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 11 1875
4. Place of Birth (Street and Number)	No 485 E Monument St
5. Full Name of Mother	Elisabeth Ende
6. Mother's Maiden Name	Bensel
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Henry Ende
9. Father's Occupation	Baker
10. Father's Birthplace	Unterseibertenrode Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Johanna Rauspach Midwife
Address	
Remarks	

RETURN OF A BIRTH.

229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th of January
4. *Place of Birth (Street and Number)* 543 W. Baltimore St
5. *Full Name of Mother* Barbara Schlutter
6. *Mother's Maiden Name* " Dollhopf
7. *Mother's Birthplace* Catonsville, Balto. Co. Md.
8. *Full Name of Father* Gustav Schlutter.
9. *Father's Occupation* China Ware Business
10. *Father's Birthplace* Saxony, Weimar Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Dunlet

Address 60 N. Schroeder St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

230

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 12th 1875
4. *Place of Birth (Street and Number)* Hanover near 150
5. *Full Name of Mother* Rebecca Atkins
6. *Mother's Maiden Name* Rebecca Cole
7. *Mother's Birthplace* Essex Co Va.
8. *Full Name of Father* Joseph Atkins
9. *Father's Occupation* Driver
10. *Father's Birthplace* Petersburg Va. Sussex Co.

Name of Medical Attendant, or other Person who makes this Return. A. Rob Colburn

Address 166 S Paca St

Remarks

RETURN OF A BIRTH.

231

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 12th 1875.

4. Place of Birth (Street and Number) No 11 Portugal Alley. F.P.

5. Full Name of Mother Oohanna Bollinger

6. Mother's Maiden Name Dorotha Vogel

7. Mother's Birthplace Germany

8. Full Name of Father John Bollinger.

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms

Address #178 Chapel St., F.P.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

232

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Jan 1st 1875.
4. Place of Birth (Street and Number) 134 S. Ann St.
5. Full Name of Mother Medora W. Kirby
6. Mother's Maiden Name Medora W. Arnold
7. Mother's Birthplace Anne Arundel Co Md
8. Full Name of Father Capt Isaac Kirby
9. Father's Occupation Mariner
10. Father's Birthplace Talbot Co. Md

Name of Medical Attendant, or other Person who makes this Return. G. Glanville, Rusk Pr.

Address Balt & Washington, Sts.

Remarks

233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	January 12th 1875.
4. Place of Birth (Street and Number)	No 7 Greenmount ave.
5. Full Name of Mother	Mari Wiegmann.
6. Mother's Maiden Name	Mari Moller.
7. Mother's Birthplace	Germany.
8. Full Name of Father	H. C. Heisman.
9. Father's Occupation	Barber.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Maria Hillegeist.
Address	No 182 Monument street East.
Remarks	

RETURN OF A BIRTH.

234

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	12th of January 1875
4. *Place of Birth* (Street and Number)	No 383 East Fayette St
5. *Full Name of Mother*	Mrs Wilhelmine Müller
6. *Mother's Maiden Name*	Wilhelmine Krantz
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Müller
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ulricke Gidyke
Address	No 52 South Bethel St
Remarks	

RETURN OF A BIRTH.

235

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 12th 1875
4. Place of Birth (Street and Number)	No 46 Warren St
5. Full Name of Mother	Elizabeth Cook
6. Mother's Maiden Name	Elizabeth Dickle
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jas. H. Cook
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M.D
Address	17 Warren St
Remarks	

RETURN OF A BIRTH.

Ann. 236

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: Emma Elizabeth ~~Gaston~~ Gaston

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 12th 1875
4. *Place of Birth (Street and Number)* 277 Preston St
5. *Full Name of Mother* Laura V Gaston
6. *Mother's Maiden Name* Laura V Burke
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Peter H Gaston
9. *Father's Occupation* Carter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Metzenbaker (Midwife)

Address 214 Preston St

Remarks Mother and Child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 12 1875
4. Place of Birth (Street and Number) 310 Light St
5. Full Name of Mother Cecilia Johanna Foley
6. Mother's Maiden Name Curran
7. Mother's Birthplace Baltimore
8. Full Name of Father David Richard Foley
9. Father's Occupation Undertaker
10. Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. D. [illegible] Newland

Address 154 Sharp

Remarks

238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st, 2d, 3d~~, etc.) 1st

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) American
3. Date of Birth Jan 12th 1875
4. Place of Birth (Street and Number) Lexington st
5. Full Name of Mother Elizabeth N. Spicer
6. Mother's Maiden Name Linch
7. Mother's Birthplace Balto Md
8. Full Name of Father Geo W. Spicer
9. Father's Occupation Agent
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. A. J. Spicer M.D.

Address 879 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

239

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th of January 1875
4. Place of Birth (Street and Number)	No 22 north Dallas St
5. Full Name of Mother	Kunigunda ~~Kohl~~ Kohl
6. Mother's Maiden Name	" Pellar
7. Mother's Birthplace	Baveria Germany
8. Full Name of Father	Andreas Kohl
9. Father's Occupation	~~Laborer~~ Engineer
10. Father's Birthplace	Baveria Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Lederer
Address	23 Durham St,
Remarks	The Child is very deliecat

240

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the sixth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth January 12th
4. Place of Birth (Street and Number) No 101 E. Biddle st.
5. Full Name of Mother Mary Elisabeth Mathews.
6. Mother's Maiden Name Widoes.
7. Mother's Birthplace Lancaster County, Pensylvania
8. Full Name of Father Mathew E. Mathews.
9. Father's Occupation Shoemaker
10. Father's Birthplace Ohio

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Klueber, M.D.

Address No. 197. Aisquith st.

Remarks formerly Widow Chambers, first child with present husband.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

241

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 13 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	12th Jan 1875
4. *Place of Birth* (Street and Number)	No Number - Miriam Rowe. Light St. Extended
5. *Full Name of Mother*	Mary ~~Dixon~~ Jacobs.
6. *Mother's Maiden Name*	Mary Dodd.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	[redacted] Zachariah Jacobs
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	dont Know
Name of Medical Attendant, or other Person who makes this Return.	A W Dodge
Address	201 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

242

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Jan: 12th 1875
4. *Place of Birth* (Street and Number)	No 19 Park St.
5. *Full Name of Mother*	Mrs Mary Rosenbaum
6. *Mother's Maiden Name*	Mary Fox
7. *Mother's Birthplace*	Philadelphia Pa
8. *Full Name of Father*	Elias Rosenbaum
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St. Corner Green St
Remarks	Child in good health

243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
13
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January Twelfth 1875
4. *Place of Birth* (Street and Number) Miller Street No. 22
5. *Full Name of Mother* Julia Joyce
6. *Mother's Maiden Name* Julia Gately
7. *Mother's Birthplace* Galway Ireland
8. *Full Name of Father* Thomas Joyce
9. *Father's Occupation* Boiler maker
10. *Father's Birthplace* Kent Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. A. E. Blair M.D.

Address No. 137 N. Eutaw St.

Remarks

RETURN OF A BIRTH.

244

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 12th 1875.
4. Place of Birth (Street and Number)	No 219 S. Paca Street.
5. Full Name of Mother	Amanda E. Smith
6. Mother's Maiden Name	Amanda E. Wilson
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Robert H. Smith
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	Maria Goodman
Address	No. 458 W. Lexington Street
Remarks	

245

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 12th 1875.
4. Place of Birth (Street and Number)	No 63 Scott Street.
5. Full Name of Mother	Mrs Schneider
6. Mother's Maiden Name	Miss Weinlein
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Mr Schneider
9. Father's Occupation	Tanner
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Hillegrist
Address	No 182 East Monument Street
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

246

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

d of Mother (state whether 1st, 2d, 3d, &c.) Fifth

e whether Male or Female) Female.

Color (if not of the white race) White

Birth Jan: 8th 1875.

Birth (Street and Number) 66 Woodyear St.

me of Mother Mary Ann Madden.

Maiden Name Mary Ann Banks.

Birthplace 227 Dolphin St. Baltimore Md.

me of Father James Madden.

Occupation Carpenter.

Birthplace 82 Pine St.

f Medical Attendant, or other Person who makes this Return. A. W. Littell.

No 231 Franklin St.

s

Report was handed to servant who secreted it instead of putting it in the P. O.

247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 2 child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth January 12. 1875
4. Place of Birth (Street and Number) Baltimore 598 west Pratt st
5. Full Name of Mother Catherine Wildman
6. Mother's Maiden Name
7. Mother's Birthplace Hessen germany
8. Full Name of Father Ernest Wildman
9. Father's Occupation Tinner
10. Father's Birthplace Hanover germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address 439 West Lexington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 3 child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth January 12. 1875
4. Place of Birth (Street and Number) Baltimore No 58 King St
5. Full Name of Mother Kate Mc laughlin
6. Mother's Maiden Name Kate Croghan Patt Croghan
7. Mother's Birthplace James Mc laughlin Ellen Gunner
8. Full Name of Father Thomas Mc laughlin
9. Father's Occupation Police officer
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address 439 West Lenett St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

249

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 12th 1875

4. Place of Birth (Street and Number) No 139 Welcom alley

5. Full Name of Mother Julia Gaines

6. Mother's Maiden Name

7. Mother's Birthplace Salsbury Delaware

8. Full Name of Father John A. Brown

9. Father's Occupation Physician

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Ana M. Terry

Remarks No 32 China Alley

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

250

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 Jan 1875
4. Place of Birth (Street and Number)	123 Pine
5. Full Name of Mother	Josephine Fallon
6. Mother's Maiden Name	Josephine Lindenthal
7. Mother's Birthplace	Balto
8. Full Name of Father	John C. Fallon
9. Father's Occupation	Tinner
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Winebeger
Address	Liberty St
Remarks	Fine & Healthy

RETURN OF A BIRTH.

251

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th Jan. 1875
4. Place of Birth (Street and Number)	316 E. Hendrix St.
5. Full Name of Mother	Mary E. Gable
6. Mother's Maiden Name	Mary E. Cook
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Benj. Franklin Gable
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Justus Thomsen M.D.
Address	133 N. Eutaw St. Balto.
Remarks	

252

RETURN OF A BIRTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) White
3. Date of Birth 13th of January 1875
4. Place of Birth (Street and Number) No. 66 Holland St.
5. Full Name of Mother Apollonia Endres
6. Mother's Maiden Name Betz
7. Mother's Birthplace Baden, Germany
8. Full Name of Father Georg Endres
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Dubuler

Address 60 N. Schroeder St.

Remarks

253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13th Jan - 75
4. Place of Birth (Street and Number) 192 N. N Carolina St
5. Full Name of Mother Laura A. Hamilton
6. Mother's Maiden Name Laura A Stevens
7. Mother's Birthplace Kent Co Maryland
8. Full Name of Father Jacob Hamilton
9. Father's Occupation Blacksmith
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return Geo M Stevenson

Address 133 N Fitz St

Remarks Instrumental

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

254

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jany 18th 1875
4. *Place of Birth* (Street and Number) 101 N. Eden St
5. *Full Name of Mother* Catherine Kromm
6. *Mother's Maiden Name* Shaarman
7. *Mother's Birthplace* Hesse Darmstadt Ulrichstein
8. *Full Name of Father* Theodore Kromm
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace* State Hesse Darmstadt

Name of Medical Attendant, or other Person who makes this Return. J. A. Gross

Address 137 Orleans St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Twins (Male)
2. Race or Color (if not of the white race)
3. Date of Birth January 13th 1875
4. Place of Birth (Street and Number) No — Retreat St
5. Full Name of Mother Rosina ~~Himmeler~~ Kramer
6. Mother's Maiden Name Rosina Himmeler
7. Mother's Birthplace Geraw Lrinn Würtenburg
8. Full Name of Father Frederick Kramer
9. Father's Occupation Butcher
10. Father's Birthplace Hesse Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl (Midwife)

Address 214 Preston St

Remarks Mother and both Children doing well

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

256

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 13th 1875
4. Place of Birth (Street and Number)	No 69 Monument St.
5. Full Name of Mother	Mary E. Edmondt
6. Mother's Maiden Name	Mary Cubb
7. Mother's Birthplace	Essex
8. Full Name of Father	Robt. Edmondt
9. Father's Occupation	Civil Engineer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return	Geo. Eldridge
Address	No 162 East Monument Street
Remarks	

RETURN OF A BIRTH.

257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 13 1875
4. Place of Birth (Street and Number)	27 Hanover St
5. Full Name of Mother	Minnie Hannigan
6. Mother's Maiden Name	Minnie Hagner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick Hannigan
9. Father's Occupation	Mechanic
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M. D
Address	17 Warren St
Remarks	

258

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan, 15th 1875

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan, 13th 1875
4. Place of Birth (Street and Number) Baltimore, No 120 Lancaster Street
5. Full Name of Mother Katharina Lindemann
6. Mother's Maiden Name Katharina Bushmann
7. Mother's Birthplace Germania
8. Full Name of Father Henry Lindemann
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 1378 Wolf Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

259

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 1st Child
1. Sex (state whether Male or Female)	Daughter
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th Jan. 1875
4. Place of Birth (Street and Number)	No 63 Portland st.
5. Full Name of Mother	Catherine Striibig
6. Mother's Maiden Name	" Rauchy.
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Striibig
9. Father's Occupation	Schoemaker
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Julie Lohwasser Midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

~~620~~
260

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9d

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 13th Janner 875
4. Place of Birth (Street and Number) 4. E. Lombard St.
5. Full Name of Mother Mina Freckel
6. Mother's Maiden Name " Schulz
7. Mother's Birthplace Germany
8. Full Name of Father Heinr: Freckel
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah. Casper

Address 52 E. Lombard St.

Remarks

RETURN OF A BIRTH.

261

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) American
3. *Date of Birth* Jan 13th 1875
4. *Place of Birth* (Street and Number) 25 Parkin St Balti Md
5. *Full Name of Mother* S— Stout
6. *Mother's Maiden Name* S. Jenkins
7. *Mother's Birthplace* Alexandria Va
8. *Full Name of Father* Wm Stout
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. H. V. Spencer M.D.

Address 179 W Lombard St

Remarks

RETURN OF A BIRTH.

262

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 13th 1875
4. Place of Birth (Street and Number)	49 Burke street
5. Full Name of Mother	Rebecca Hopkins
6. Mother's Maiden Name	Rebecca Olvia
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	William Hopkins
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Gray
Address	193 S. Chester street
Remarks	Born in Sound and Healthy Condition

HEALTH DEPARTMENT JUL 1875 BALTIMORE

263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 13th
4. Place of Birth (Street and Number)	37 Marion Street
5. Full Name of Mother	Mathilda Schier
6. Mother's Maiden Name	Ha. Barnes
7. Mother's Birthplace	Hessen Darmstadt
8. Full Name of Father	Fritz Schier
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lottie Wenzel
Address	56 East Street
Remarks	

RETURN OF A BIRTH.

264

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth January 13th 1875

4. Place of Birth (Street and Number) No 52 W Bond str

5. Full Name of Mother Catherine Agness Gordon

6. Mother's Maiden Name Catherine A. Mahony

7. Mother's Birthplace Philadelphia Pa

8. Full Name of Father Goerge Henry Gordon

9. Father's Occupation Sail maker

Father's Birthplace Baston Mass.

Name of Medical Attendant, or other Person who makes this Return. Mr E Bushmann

Address 120 Bank str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE

RETURN OF A BIRTH.

263

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
13
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 13th 1875
4. *Place of Birth (Street and Number)* No 327 Madison Ave. Baltimore Md.
5. *Full Name of Mother* Mrs. Annie Layden
6. *Mother's Maiden Name* Annie Willy
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* William Layden
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Ruth.

Address No. 209 Monument Street corner of Central Avenue.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

266

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
19
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* January 13th A.D. 1875.
4. *Place of Birth (Street and Number)* S. Eden st No 82
5. *Full Name of Mother* Mary Ann Elizabeth Yeo.
6. *Mother's Maiden Name* M. A. E. Stevens.
7. *Mother's Birthplace* Baltimore city Maryland
8. *Full Name of Father* George Alexander Yeo.
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore city Maryland,

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M.D

Address No 121 E Balto. Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male,

2. Race or Color (if not of the white race) White,

3. Date of Birth January 13th 1875

4. Place of Birth (Street and Number) 138 N. Calvert St.

5. Full Name of Mother Rose Taylor,

6. Mother's Maiden Name Rose Garvey,

7. Mother's Birthplace Baltimore,

8. Full Name of Father Samuel Robert Sewell Taylor,

9. Father's Occupation Hackman,

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. J. M. Morris

Address No. 5, Franklin St.

Remarks

268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 13th 1875
4. Place of Birth (Street and Number) 168 Penna Ave
5. Full Name of Mother Fillis Agnes McAllister
6. Mother's Maiden Name " " Tangley
7. Mother's Birthplace Ireland
8. Full Name of Father William McAllister
9. Father's Occupation Plumber
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller, M.D.

Address 89 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th & 10th one stillborn

1. Sex (state whether Male or Female) Both male

2. Race or Color (if not of the white race) Negro

3. Date of Birth January 14th 1875

4. Place of Birth (Street and Number) 22 Brewer's alley

5. Full Name of Mother Kitty Jackson

6. Mother's Maiden Name Kitty Weston

7. Mother's Birthplace Anne Arundel

8. Full Name of Father Richard M. Jackson

9. Father's Occupation Woodsawyer

10. Father's Birthplace Anne Arundel

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson M. D.

Address 209 N. Bradle St

Remarks The first child was stillborn the second died within two hours of Asphyxia Neonatorum

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth 14th Jan 1875

4. Place of Birth (Street and Number) Gay St No 159

5. Full Name of Mother Margaret Hoben

6. Mother's Maiden Name Pfistella

7. Mother's Birthplace Bavaria

8. Full Name of Father Geo Hoben

9. Father's Occupation Tailor

10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. C S Mahon M.D.

Address North Exeter St 138

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

271

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 14th 1875

4. Place of Birth (Street and Number) 57 Columbia Avenue

5. Full Name of Mother Mary Barber Melville

6. Mother's Maiden Name Beard

7. Mother's Birthplace Balto City

8. Full Name of Father Francis Melville

9. Father's Occupation Bricklayer

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Jas H Curry

Address 76 S Paca St

Remarks

RETURN OF A BIRTH.

272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 14th 1875
4. *Place of Birth (Street and Number)* 132 Lexington St
5. *Full Name of Mother* Hepsina Bentley
6. *Mother's Maiden Name* Mabee
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* William Henry Bentley
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Massachusetts

Name of Medical Attendant, or other Person who makes this Return. Jas H Curry

Address 76 Pacific St

Remarks

RETURN OF A BIRTH.

2 73

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2d Child

1. *Sex* (state whether Male or Female) Daughter
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 14th Jan. 1875
4. *Place of Birth* (Street and Number) No. 41 Brown st.
5. *Full Name of Mother* Fanny Wiel
6. *Mother's Maiden Name* " Stienberg
7. *Mother's Birthplace* America
8. *Full Name of Father* Samuel Wiel.
9. *Father's Occupation* Notions & Drygoods store.
10. *Father's Birthplace* Germana.

Name of Medical Attendant, or other Person who makes this Return. Julie Lobwasser Midwife

Address 213 Cross st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

274

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
16
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 5 d child
1. Sex (state whether Male or Female)	a Son.
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 th of Jan. 1875
4. Place of Birth (Street and Number)	133 Hamburg St.
5. Full Name of Mother	Cathern Reiling
6. Mother's Maiden Name	" Hainlein
7. Mother's Birthplace	Baltimore ✕
8. Full Name of Father	August Reiling
9. Father's Occupation	Police officer
10. Father's Birthplace	Germana
Name of Medical Attendant, or other Person who makes this Return.	Julie Lohrwasser Midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

275

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 16 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 9th Child
1. Sex (state whether Male or Female)	Daughter
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th Jan, 1875. 213 Montgomery st.
4. Place of Birth (Street and Number)	
5. Full Name of Mother	Ann Anna Wiedemann
6. Mother's Maiden Name	Scherer
7. Mother's Birthplace	America
8. Full Name of Father	Cristof Wiedemann
9 Father's Occupation	Cabinetmaker
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	Julie Lohwasser Midwife
Address	213 Cross st.
Remarks	

276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, ~~&c.~~) .....

1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) white
3. Date of Birth 11th of January 1875
4. Place of Birth (Street and Number) No 1 north Washington St.
5. Full Name of Mother Kunigunda Hohman
6. Mother's Maiden Name Kunigunda Koch
7. Mother's Birthplace Prussia
8. Full Name of Father Christian Hohman
9. Father's Occupation Laborer
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Ledderer

Address No 23 Durham Street

Remarks The Child died 5 minuts after Birth

RETURN OF A BIRTH.

277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 18[illegible] BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 14th 1895
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

RETURN OF A BIRTH.

278.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 14th 1875
4. Place of Birth (Street and Number)	42 No Bond St.
5. Full Name of Mother	Elenora Wilki
6. Mother's Maiden Name	" Brown
7. Mother's Birthplace	City
8. Full Name of Father	Thomas Wilki
9. Father's Occupation	Sailor
10. Father's Birthplace	Fell's Scotland
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchman
Address	120 Bank sts
Remarks	

279

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Ireland
3. Date of Birth 14 of January 1875
4. Place of Birth (Street and Number) No 23 Stirling St
5. Full Name of Mother Elisabeth Lemlan
6. Mother's Maiden Name Elsebeth Harding
7. Mother's Birthplace Ireland
8. Full Name of Father Terence Lemare
9. Father's Occupation Waggoner
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Nicola S Chrismer

Address 127 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

280

HEALTH DEPARTMENT
FEB
16
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colord

3. Date of Birth jurary 14

4. Place of Birth (Street and Number) 239 allans Stud

5. Full Name of Mother agnes frazir

6. Mother's Maiden Name agnes thomson

7. Mother's Birthplace Baltimor Md

8. Full Name of Father Banjomin frazir

9. Father's Occupation Stair door

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Sarh Lyls

Address 247 Means Stud

Remarks I discharge my duty

281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. Sex (state whether Male ~~or Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Janaary 14th 1875

4. Place of Birth (Street and Number) Baltimore N. Bethel St. No 139

5. Full Name of Mother Mary Selbitz

6. Mother's Maiden Name Mary Schiessler

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Selbitz

9. Father's Occupation Work in Citti Yard

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

RETURN OF A BIRTH.

282.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 14th 1875
4. *Place of Birth* (Street and Number) Baltimore Trinity St. No 3
5. *Full Name of Mother* Mary Bükel
6. *Mother's Maiden Name* Mary Arold
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Simon Bükel
9. *Father's Occupation* Furniture Maker
10. *Father's Birthplace* Bamberg Tsonigreich Baiern Germania

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N Dallas St. No 26,

Remarks

RETURN OF A BIRTH.

283

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 14th 1875.
4. Place of Birth (Street and Number)	S.E. Cor. High & Pratt Sts,
5. Full Name of Mother	Elizabeth Scott.
6. Mother's Maiden Name	Elizabeth Cole,
7. Mother's Birthplace	Maryland,
8. Full Name of Father	Francis P. Scott.
9. Father's Occupation	Druggist.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hench. M.D.
Address	75 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

284

HEALTH DEPARTMENT · BALTIMORE · FEB 3 1875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) ~~Baby.~~ Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 14th. 1875.

4. Place of Birth (Street and Number) 209 Lower St

5. Full Name of Mother Rebeca Jane Biddle

6. Mother's Maiden Name Rebecca Jane Thompson,

7. Mother's Birthplace Baltimore City.

8. Full Name of Father George Washington Brown Biddle

9. Father's Occupation Teacher

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

285

RETURN OF A BIRTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* January 14 1875.
4. *Place of Birth* (Street and Number) 114 S. Howard St.
5. *Full Name of Mother* Fanny Montrose Yeuse.
6. *Mother's Maiden Name* Fanny Montrose.
7. *Mother's Birthplace* Derbyshire England.
8. *Full Name of Father* William Yeuse.
9. *Father's Occupation* Tinner.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

RETURN OF A BIRTH.

286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st January. 1875.
4. *Place of Birth (Street and Number)* Lemon Alley. near Paca
5. *Full Name of Mother* Theresa. Rietzelnader.
6. *Mother's Maiden Name* Theresa. Lutz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Rietzelnader
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katherine. Doll.

Address Bandalow. No 57.

Remarks

RETURN OF A BIRTH.

287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	January 14th 1875
4. Place of Birth (Street and Number)	No 110 Madison street.
5. Full Name of Mother	Anna Sebenstein.
6. Mother's Maiden Name	Anna Brendle.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Sebenstein.
9. Father's Occupation	Barber.
10. Father's Birthplace	Bairen.
Name of Medical Attendant, or other Person who makes this Return.	Anna Hillegeist.
Address	No 182 East Monument street.
Remarks	

288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth January 14th 1875.
4. Place of Birth (Street and Number) Belair Road
5. Full Name of Mother Barbara Kreuter.
6. Mother's Maiden Name Barbara Schlund.
7. Mother's Birthplace Baltimore
8. Full Name of Father Herman Kreuter.
9. Father's Occupation Stone cutter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist.

Address No 182 Monument street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 22nd 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Jan 14th 1875.
4. *Place of Birth (Street and Number)* No 314 S. Pond Street
5. *Full Name of Mother* Elizabeth ~~Amend~~ Keppel.
6. *Mother's Maiden Name* Elizabeth Arnend.
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Henry Kepp.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnend.

Address No 137 S. Wolf St.

Remarks ———

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

RETURN OF A BIRTH.

290

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 14th January 1875
4. *Place of Birth* (Street and Number) 419 E. Chase st
5. *Full Name of Mother* Francis A Waldman
6. *Mother's Maiden Name* Gork
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. D. M. Waldman
9. *Father's Occupation* Provision Dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. D. Gross

Address 137 Orleans st

Remarks

RETURN OF A BIRTH.

291

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 14 January
4. *Place of Birth* (Street and Number) Baltimore 12 349 Canton St
5. *Full Name of Mother* Sarah Jesse
6. *Mother's Maiden Name* Sarah Glaser
7. *Mother's Birthplace* Hanover
8. *Full Name of Father* Jno. D. [redacted] Jesse
9. *Father's Occupation* Superviser of Rail Road
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Sophia Simons

Address No. 10 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children.

RETURN OF A BIRTH.

292

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) ~~white~~ white

3. Date of Birth 14 January

4. Place of Birth (Street and Number) 1254 Chase Street

5. Full Name of Mother Barbara

6. Mother's Maiden Name Ebersberger

7. Mother's Birthplace Bayern

8. Full Name of Father Joseph Gumbert

9. Father's Occupation Tailor

10. Father's Birthplace Bayern

Name of Medical Attendant, or other Person who makes this Return. Dorothea Blase

Address N. 79 Somerset Street Midwife

Remarks

RETURN OF A BIRTH.

293

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th (Seventh)

1. *Sex (state whether ~~Male~~ or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 6th 75
4. *Place of Birth (Street and Number)* 123 E. Eager St.
5. *Full Name of Mother* Mary Jane Murphy
6. *Mother's Maiden Name* Mary Jane Quinn
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Patrick F. Murphy
9. *Father's Occupation* Hackman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jno Brooke Boyle M.D.

Address 174 E. Eager St.

Remarks

294

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 15/75
4. Place of Birth (Street and Number) No 125 Leadenhall St
5. Full Name of Mother Alverter Foster
6. Mother's Maiden Name " " Renols
7. Mother's Birthplace Baltimore
8. Full Name of Father George Foster
9. Father's Occupation Carter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Margretha Breng.

Remarks No. 32 Listenhall Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

295

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan, 19th 1875

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan, 15th 1875
4. Place of Birth (Street and Number) No 10 Castel Street
5. Full Name of Mother Ottilina Moskin
6. Mother's Maiden Name Ottilina Goltbach
7. Mother's Birthplace Germania
8. Full Name of Father Frank Moskin
9. Father's Occupation Shoemaker
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend

Address No 137 S Wolf Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

296

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 15th. 1875
4. Place of Birth (Street and Number)	No. 38 Chatsworth St
5. Full Name of Mother	Anna E. Kelly
6. Mother's Maiden Name	Anna E McCarthy
7. Mother's Birthplace	Ireland
8. Full Name of Father	J A S. Kelly
9. Father's Occupation	Ireland Carpenter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St. corner Greene
Remarks	Child (healthy)

RETURN OF A BIRTH.

297

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any midwife, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their parentage, condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Jan 15th 1875
4. Place of Birth (Street and Number)	No 408 E. Monument st
5. Full Name of Mother	Elizabeth Bair
6. Mother's Maiden Name	E. Young
7. Mother's Birthplace	City
8. Full Name of Father	George Baier
9. Father's Occupation	Baker
10. Father's Birthplace	Balto County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	120 Bank st
Remarks	

HEALTH DEPARTMENT BALTIMORE

RETURN OF A BIRTH.

298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT
DEC
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd. Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth January 15th 1875
4. Place of Birth (Street and Number) 302 N Gilmor St.
5. Full Name of Mother Mary H Kramer
6. Mother's Maiden Name Mary H Grier
7. Mother's Birthplace Pittsburgh Penna
8. Full Name of Father John I Kramer
9. Father's Occupation Merchant
10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. James H. Butler M.D.

Address 144 Mulberry St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 15th 1875.
4. Place of Birth (Street and Number)	No 6 East street,
5. Full Name of Mother	Ellen Baker.
6. Mother's Maiden Name	Ellen Hoban
7. Mother's Birthplace	County Galway Ireland,
8. Full Name of Father	Thomas Baker,
9. Father's Occupation	Hostler,
10. Father's Birthplace	County Mayo. Ireland,
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway André M. D.
Address	No 124 East Balto Street,
Remarks	

RETURN OF A BIRTH.

300

HEALTH DEPARTMENT FEB 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jany 15/75
4. *Place of Birth* (Street and Number) 171 Division St Balt.
5. *Full Name of Mother* Fanny Hendrix
6. *Mother's Maiden Name* Lorey
7. *Mother's Birthplace* Balt Co.
8. *Full Name of Father* Geo W. Hendrix
9. *Father's Occupation* Railroad Clerk
10. *Father's Birthplace* Balt. Co.

Name of Medical Attendant, or other Person who makes this Return. Chas Leas

Address 173 Division St Balt.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

301

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 15th 1875
4. *Place of Birth (Street and Number)* 406 E. Madison st
5. *Full Name of Mother* Mary Donoho
6. *Mother's Maiden Name* do not know
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Lyn I. Donoho
9. *Father's Occupation* Sewing Machine Agent
10. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. John A. Conner

Address 210 E. Balt st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

302

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 15. 1875
4. Place of Birth (Street and Number)	208 Saratoga
5. Full Name of Mother	Virginia E. Roach
6. Mother's Maiden Name	Mankin
7. Mother's Birthplace	Balt.
8. Full Name of Father	Thomas B Roach
9. Father's Occupation	Adams Express Messenger
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	W. F. Atkinson M.D.
Address	55 Wynne St
Remarks	

303

RETURN OF A BIRTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th of Jan. 1875
4. Place of Birth (Street and Number)	200 Cathedral St.
5. Full Name of Mother	Margaret Nolan.
6. Mother's Maiden Name	Kane.
7. Mother's Birthplace	Ireland
8. Full Name of Father	Martin Nolan.
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	No. 7 Federal St.
Remarks	

304

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 6 child

1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) White
3. Date of Birth January 15. 1875
4. Place of Birth (Street and Number) Baltimore No 50 Portland St
5. Full Name of Mother Catherine Leitz
6. Mother's Maiden Name Mary Smith
7. Mother's Birthplace Germanje son Thoen
8. Full Name of Father Bankart Leitz
9. Father's Occupation Black smith
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Katharina Seubach

Address 439 West Lrett St

Remarks Catharine Munich

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

305

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Son Child

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth January 15th 1875

4. Place of Birth (Street and Number) Baltimore Harrison St. No 99.

5. Full Name of Mother Mary Segal.

6. Mother's Maiden Name Mary Rose

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Jakob Segal

9. Father's Occupation Furniture Maker.

10. Father's Birthplace Covenant Russia Europe

Name of Medical Attendant, or other Person who makes this Return. Mary L. Müller

Address N Pallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

306.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 23 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 15
4. *Place of Birth (Street and Number)* Granby st No 16 Baltimore
5. *Full Name of Mother* Louisa Schulle
6. *Mother's Maiden Name* Louisa Simmons
7. *Mother's Birthplace* Hanover
8. *Full Name of Father* Lafayette Harrison Schulle
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Sophy Simmons

Address No 16 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 15.
4. Place of Birth (Street and Number)	8 little Boca Street
5. Full Name of Mother	Kunigunde Grieshman.
6. Mother's Maiden Name	" " Kroll
7. Mother's Birthplace	Hessen, Germany.
8. Full Name of Father	Theodor Grieshman.
9. Father's Occupation	Tailor
10. Father's Birthplace	Hessen, Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	H. Pearl Street.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

308

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15th January 1875
4. Place of Birth (Street and Number) 137 Preston St Balto
5. Full Name of Mother Margaret Jane Brushwiller
6. Mother's Maiden Name " " Brayden
7. Mother's Birthplace Balto
8. Full Name of Father Theodore Brushwiller
9. Father's Occupation Officer Md. Penitent
10. Father's Birthplace Frederick Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill Mk

Address 129 W Biddle St Balto

Remarks Infant healthy and of good form

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* January 15th.
4. *Place of Birth (Street and Number)* Parkin st Nr 70.
5. *Full Name of Mother* Mary F. Rohleder
6. *Mother's Maiden Name* Mary F. Rachele
7. *Mother's Birthplace* Atlantic ocean
8. *Full Name of Father* John B. Rohleder
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. L. Buddenbohn

Address Nr 106. Columbia Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

310

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	15th January 87[illegible]
4. Place of Birth (Street and Number)	17 Albemarle St.
5. Full Name of Mother	Elise Goodhues
6. Mother's Maiden Name	" Douglass.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Fred. Goodhues
9. Father's Occupation	Stair door
10. Father's Birthplace	State of New York
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52. E. Dunbard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan: 16th
4. Place of Birth (Street and Number)	No 54 Hanover St.
5. Full Name of Mother	Caroline Straus
6. Mother's Maiden Name	Caroline Straus
7. Mother's Birthplace	Germany
8. Full Name of Father	Moses Straus
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Isley Perkins
Address	148 Mulberry St Corner Greene
Remarks	Child living & healthy

RETURN OF A BIRTH.

312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Saturday January 16th 1875.
4. Place of Birth (Street and Number)	163 W Lombard Street
5. Full Name of Mother	Sarah L. Clements
6. Mother's Maiden Name	Sarah L. Robinson
7. Mother's Birthplace	Albermarle County Va
8. Full Name of Father	David Clements
9. Father's Occupation	Carpenter
10. Father's Birthplace	Fluvanna County Va
Name of Medical Attendant, or other Person who makes this Return.	Sy Clover M.D.
Address	Resident Physician
Remarks	Maryland Lying In Asylum of the College of Physicians & Surgeons

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 the first Child Dead

1. Sex (state whether Male or Female) Callord

2. Race or Color (if not of the white race) January th 16 1875

3. Date of Birth 70 Chesnut Street

4. Place of Birth (Street and Number) Elizabeth Bauser

5. Full Name of Mother Elizabeth Bradfort

6. Mother's Maiden Name Baltimore City

7. Mother's Birthplace

8. Full Name of Father John Bradfort

9. Father's Occupation Lord Carrey

10. Father's Birthplace Forfot County

Name of Medical Attendant, or other Person who makes this Return. Rosettor X Williams

Address 70 Chesnut Street

Remarks health Child Mother during Will

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Jany. 16. 1875
4. *Place of Birth* (Street and Number)	330 W. Fayette "
5. *Full Name of Mother*	Catherine Raymond
6. *Mother's Maiden Name*	Raib
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Wm Raymond
9. *Father's Occupation*	Printer
10. *Father's Birthplace*	Canada East
Name of Medical Attendant, or other Person who makes this Return.	Louis McEachron
Address	349 Lexington st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

315

HEALTH DEPARTMENT
FEB
6
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* January 16 72
4. *Place of Birth* (Street and Number) corner Dolphin Street & Druid Hill Avenue No. 240
5. *Full Name of Mother* Emilie Watts
6. *Mother's Maiden Name* Rupp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Watts
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Annapolis

Name of Medical Attendant, or other Person who makes this Return. H. F. Reinhard

Address 224 West Fayette Street.

Remarks

316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Jan 16 1875
4. *Place of Birth* (Street and Number)	W. Lombard
5. *Full Name of Mother*	Ann Thomas
6. *Mother's Maiden Name*	Hopwood
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	Thomas
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	Richard McSherry
Address	189 W Lombard
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 16th
4. *Place of Birth* (Street and Number) Baltimore County st No 28
5. *Full Name of Mother* Elly Brauer
6. *Mother's Maiden Name* Elly Young
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Brauer
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Kiernan

Address 1910 Granby st

Remarks

RETURN OF A BIRTH.

318

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male child
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 16 1875
4. Place of Birth (Street and Number) Mulican St no 43
5. Full Name of Mother Sophia Calbert
6. Mother's Maiden Name Sophia Brown
7. Mother's Birthplace Anerundel Cou Md
8. Full Name of Father Henry Calbert
9. Father's Occupation Hod Carrier
10. Father's Birthplace Anerundell

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson ~~[illegible]~~

Address 32 Short St

Remarks Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 329

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 16th 1875
4. Place of Birth (Street and Number) No 214 Gay st.
5. Full Name of Mother E. Meinuke
6. Mother's Maiden Name E. Besculius
7. Mother's Birthplace Germany
8. Full Name of Father A. Meinuke
9. Father's Occupation Restaurant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Hillegast

Address No 182 Monument street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

320

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 16th 1875
4. Place of Birth (Street and Number)	Baltimore 243 Hollins St
5. Full Name of Mother	Kate J. Sommers
6. Mother's Maiden Name	" " Drexel
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George P. Sommers
9 Father's Occupation	Brakeman B&O. R.R.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Anna Dunlop
Address	No. 60 N. Schroeder St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

321

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

Jan 22 1875

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 17th 1875.
4. Place of Birth (Street and Number) Adams Street, No 40.
5. Full Name of Mother Wilhelmina Strodthoff
6. Mother's Maiden Name Wilhelmina Roos
7. Mother's Birthplace Germania
8. Full Name of Father William Strodthoff.
9. Father's Occupation Carpenter.
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return, Mrs. M. Arnold

Address No 137 S. Wolf St.

Remarks

RETURN OF A BIRTH.

322

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 21st 1875

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 st

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth 17th Jan 1875.
4. Place of Birth (Street and Number) No 4 Hanover Street
5. Full Name of Mother Elizabeth Hirschmann
6. Mother's Maiden Name Elizabeth Killian
7. Mother's Birthplace Germany
8. Full Name of Father Charles Hirschmann
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 137 S. Wolfe St.

Remarks

RETURN OF A BIRTH.

323

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 17
4. Place of Birth (Street and Number)	Baltimore East Street No 52
5. Full Name of Mother	Margret Kirby
6. Mother's Maiden Name	Tanner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Kirby
9. Father's Occupation	Miller
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Hathorn
Address	238 Johnson Street
Remarks	

RETURN OF A BIRTH.

324

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 17th 1875
4. Place of Birth (Street and Number) Biddle St
5. Full Name of Mother Emma Walsh
6. Mother's Maiden Name " Gardner
7. Mother's Birthplace Baltimore
8. Full Name of Father Jefferson Walsh
9. Father's Occupation Carpenter & Builder
10. Father's Birthplace Baltim City

Name of Medical Attendant, or other Person who makes this Return. James A Steuart Jr

Address 93 Park av

Remarks Natural - four hours - Attachment of Placenta -

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

325

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 17 1875
4. Place of Birth (Street and Number)	626 W Lombard St
5. Full Name of Mother	Mary Frances Nash
6. Mother's Maiden Name	" " Miller
7. Mother's Birthplace	Newcastle Del
8. Full Name of Father	Wadsworth Nash
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Norfolk Va
Name of Medical Attendant, or other Person who makes this Return.	Joseph E. Clayton MD
Address	18 S. Eutaw St
Remarks	

RETURN OF A BIRTH.

326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 19th
4. Place of Birth (Street and Number)	409 Saratoga street
5. Full Name of Mother	Caroline Landmann
6. Mother's Maiden Name	Kahl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Landmann
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charles Wenzel
Address	N. Paca st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

327

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 18th
4. Place of Birth (Street and Number)	12½ Pine Street.
5. Full Name of Mother	S. Louisa Ludolph
6. Mother's Maiden Name	" " Hadersleben
7. Mother's Birthplace	Hessen, Germany.
8. Full Name of Father	Conrad Ludolph.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 17th
4. Place of Birth (Street and Number)	226 Walsh Street
5. Full Name of Mother	Emily Dulany
6. Mother's Maiden Name	Emily Higenbottom
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John M. Dulany
9. Father's Occupation	Wholesale Book & Stationer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	George G. Brewer M.D.
Address	258 W. Fayette St.
Remarks	The Child is Strong & in good condition

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BAL ORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 17 - 1875
4. Place of Birth (Street and Number)	369 E. Lombard St.
5. Full Name of Mother	Mary Virginia Nichols,
6. Mother's Maiden Name	Mary Virginia Gosler.
7. Mother's Birthplace	North Carolina
8. Full Name of Father	Daniel Wales Nichols.
9. Father's Occupation	Sailmaker
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	J. N. Heuck M.D.
Address	75 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

330

HEALTH DEPARTMENT
JAN
1915
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan. 17th "
4. *Place of Birth* (Street and Number) Fayette St. near Bond.
5. *Full Name of Mother* Catharine Liese
6. *Mother's Maiden Name* Kelle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James. C. Liese
9. *Father's Occupation* Foundry. Helper
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary. Hirsh

Address 328. South Eutaw St.

Remarks

331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

Child of Mother (state whether 1st, 2d, 3d, &c.) first

state whether Male or Female) Female

or Color (if not of the white race)

of Birth January 17th 1875

of Birth (Street and Number) Franklin St N 84.

Name of Mother Mary Ella Kirby

r's Maiden Name Mary Ella Hodges

r's Birthplace Baltimore

Name of Father George A. Kirby

r's Occupation Merchant

r's Birthplace Ann Arundel County

e of Medical Attendant, or other Person who makes this Return. F. Chatard

ress N 114 Park Avenue

arks

RETURN OF A BIRTH.

~~232~~
332

HEALTH DEPARTMENT
FEB 1 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jany 17th 1875

4. Place of Birth (Street and Number) #185 Madeira Alley. F.P.

5. Full Name of Mother Anna Barbara Brown Driver

6. Mother's Maiden Name Anna Barbara Brown.

7. Mother's Birthplace America

8. Full Name of Father Lewis Driver

9. Father's Occupation Laborer.

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms

Address #178 Chapel St. F.P.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8E

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) white.
3. Date of Birth January 17th 1878.
4. Place of Birth (Street and Number) No 320 Central ave.
5. Full Name of Mother Barbara Kreuzer.
6. Mother's Maiden Name Barbara Gotz.
7. Mother's Birthplace Germany.
8. Full Name of Father Casper. Kreuzer
9. Father's Occupation City Garbage Cart.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address No. 182 Monument street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

334

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 th
4. Place of Birth (Street and Number)	Monrow St No 47
5. Full Name of Mother	Elizabeth E Grey
6. Mother's Maiden Name	Elizabeth E Fleming
7. Mother's Birthplace	Newyork
8. Full Name of Father	Jams R Grey
9. Father's Occupation	Hok Driver
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Sinclair
Address	No 29 monrow St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 20 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 17th 1875
4. *Place of Birth (Street and Number)* 138 Broadway No 138.
5. *Full Name of Mother* Anna Beneze
6. *Mother's Maiden Name* Anna Trautmann
7. *Mother's Birthplace* Lindelbrück Provinz. Preussen Germania
8. *Full Name of Father* Julius Beneze
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace* Fulda Königr. Preussen Germania

Name of Medical Attendant, or other Person who makes this Return Henry E. Miller

Address N. Dallas St. No 26.

Remarks

RETURN OF A BIRTH.

336

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 17. 1875
4. *Place of Birth (Street and Number)* Bond St 2 17
5. *Full Name of Mother* Annie E Barton
6. *Mother's Maiden Name* Annie E Collier
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel I K Barton
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amanda McGraine

Address East Monument St 3 27

Remarks

337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 17 /
4. *Place of Birth (Street and Number)* Baltimore No 10 Spring st
5. *Full Name of Mother* Karoline Buschmann
6. *Mother's Maiden Name* Karoline Burkert
7. *Mother's Birthplace* Großherzogthum Oldenburg
8. *Full Name of Father* Heinrich Buschmann
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Großherzogthum Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemers

Address No 10 Spring st

Remarks

RETURN OF A BIRTH.

338 ~~238~~

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

hild of Mother (state whether 1st, 2d, 3d, &c.)	5
ate whether Male or Female)	Weiblich
r Color (if not of the white race)	Weiß
f Birth	17
of Birth (Street and Number)	Großstritt 286
ame of Mother	Margaretha Schwellenberg
's Maiden Name	Margaretha Rehker
's Birthplace	Hanover
ame of Father	Johannes Schwellenberg
's Occupation	Kopper
's Birthplace	Preußen
of Medical Attendant, or other Person who makes this Return.	Catharina Münch
ss	Leatenhall Stritt 74
rks	

339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

hild of Mother (state whether 1st, 2d, 3d, &c.) 3

tate whether Male or Female) Weiblich

or Color (if not of the white race) Weiß

of Birth 17

of Birth (Street and Number) Leatenhal Strett 60

Name of Mother Amalia Bride

's Maiden Name Amalia Kern

's Birthplace Baltimore

Name of Father Henrie Brüde

's Occupation Holt Schmitt

's Birthplace Baltimore

of Medical Attendant, or other Person who makes this Return. Catharina Münch

ess Leatenhal Strett 74

rks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

340

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth Sunday Jany 17th 1875
4. Place of Birth (Street and Number) 163 W Lombard Street
5. Full Name of Mother Maggie Dunn
6. Mother's Maiden Name —
7. Mother's Birthplace Salisbury. Penna.
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. J W Gelmer M.D. Resident Physician

Address

Remarks Md Lying In Asylum of the College of Physicians & Surgeons

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

341

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 17th 1875
4. Place of Birth (Street and Number) 65 Ramsay St
5. Full Name of Mother Elizabeth Laughlin
6. Mother's Maiden Name Warren
7. Mother's Birthplace England
8. Full Name of Father Thomas Henry Harrison Laughlin
9. Father's Occupation Clerk
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Jas H Cherney

Address 76 S Paca St

Remarks

342

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 19 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12" child

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 17" 1" mo 1875.
4. *Place of Birth* (Street and Number) Madison avenue, near Boundry Avenue
5. *Full Name of Mother* Sarah Rosenstock
6. *Mother's Maiden Name* Sarah Goodman
7. *Mother's Birthplace* Germany [redacted]
8. *Full Name of Father* George Rosenstock
9. *Father's Occupation* Gentleman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr W Riley

Address 47 Lexington St Baltimore St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3113

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 May an Eark

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) Collord
3. Date of Birth January the 18 1875
4. Place of Birth (Street and Number) No 7 pum alley
5. Full Name of Mother May A Eark
6. Mother's Maiden Name
7. Mother's Birthplace forgina
8. Full Name of Father alfort Eark
9. Father's Occupation Whalor
10. Father's Birthplace forgina

Name of Medical Attendant, or other Person who makes this Return. Rosetta X Williams

Address 76 Chesnut Street

Remarks Childth Child Mother diny Will

344

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) fermail
2. Race or Color (if not of the white race) Collord
3. Date of Birth + january the 18 1875
4. Place of Birth (Street and Number) 230 durham Street
5. Full Name of Mother Elyer Wildsom
6. Mother's Maiden Name Elyzeth arstrong
7. Mother's Birthplace Easton Shore indon town
8. Full Name of Father thomas Willson
9. Father's Occupation Work in Lombart hard
10. Father's Birthplace City Baltimo

Name of Medical Attendant, or other Person who makes this Return. Roseth + Williams

Address No 70 Chesnut Street

Remarks

health Child dinny Will

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, natlvity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

345

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 18th 1875
4. *Place of Birth (Street and Number)* 312 S. Eutaw St.
5. *Full Name of Mother* Mary Lee
6. *Mother's Maiden Name* Mary Roney.
7. *Mother's Birthplace* Philadelphia Pa
8. *Full Name of Father* Dennis Lee
9. *Father's Occupation*
10. *Father's Birthplace* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. L. H. Tall, M. D.

Address 158 S. Sharp St.

Remarks Mother in labor three hours. — Child well formed and healthy

346

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18th 1878
4. Place of Birth (Street and Number)	157 Elliot St Baltimore Md
5. Full Name of Mother	Annie Catherine Kissner
6. Mother's Maiden Name	Annie Catherine Kalm
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Nicholas Kissner
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sarah Sullivan
Address	104 Curley St Baltimore
Remarks	

RETURN OF A BIRTH.

+347

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th Jany. 1875
4. Place of Birth (Street and Number)	Baltimore 168 North Central av
5. Full Name of Mother	Louisa A McCaddin
6. Mother's Maiden Name	" " Berger
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	James Mc. Caddin
9. Father's Occupation	Gilder
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	G M. Simpson M.D.
Address	261 N. Eden Street
Remarks	

RETURN OF A BIRTH.

348

HEALTH DEPARTMENT JAN 1 1913 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* W. Male
3. *Date of Birth* Jan. 18
4. *Place of Birth (Street and Number)* Church St. No 2.
5. *Full Name of Mother* Mary Meyer
6. *Mother's Maiden Name* Winder
7. *Mother's Birthplace* Oldenburgishini
8. *Full Name of Father* Klemmens Meyer
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Oldenburgishen

Name of Medical Attendant, or other Person who makes this Return. Mary Rush

Address 328 S. Eutaw St.

Remarks

RETURN OF A BIRTH.

349

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 tt

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth January 18 tt
4. Place of Birth (Street and Number) Rehberg Street No
5. Full Name of Mother Elise Kennet
6. Mother's Maiden Name Felix
7. Mother's Birthplace Göttingen. Prussia.
8. Full Name of Father Michael Kennet
9. Father's Occupation Tailor
10. Father's Birthplace Wilhelmsdorf - Bavaria

Name of Medical Attendant, or other Person who makes this Return. Dr F Reinhard

Address 224 W. Fayette St.

Remarks

RETURN OF A BIRTH.

350

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 18th 1875
4. *Place of Birth (Street and Number)* St Paul St Extended
5. *Full Name of Mother* Ann. Eliza Scott
6. *Mother's Maiden Name* " " Atwell
7. *Mother's Birthplace* Ann. Arundel Co. Md
8. *Full Name of Father* James Scott
9. *Father's Occupation* Bank Clerk
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Benson

Address 144 E Conway St Balto Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

351

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18
4. Place of Birth (Street and Number)	Hamburg St No 1447
5. Full Name of Mother	Ann G Shaw
6. Mother's Maiden Name	Ann G Rea
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Shaw
9. Father's Occupation	Pattern Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Sinclair
Address	No 29 Monroe St
Remarks	

RETURN OF A BIRTH.

352

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 27 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 18th 1875
4. Place of Birth (Street and Number)	115 S. Broadway
5. Full Name of Mother	Ida J. Hunt
6. Mother's Maiden Name	Ida J. Duff
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	William Hulet
9. Father's Occupation	Tug Boatman
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	117 S. Broadway
Remarks	

RETURN OF A BIRTH.

353

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
20
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* One, Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* January 18th

4. *Place of Birth (Street and Number)* 21 Eutaw South st.

5. *Full Name of Mother* Maria Schake

6. *Mother's Maiden Name* Maria Mannhardt.

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* Ferdinand Schake

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Manuela Rudiger

Address 184 North Bond st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
20
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) One Female

2. Race or Color (if not of the white race) White

3. Date of Birth 18th January

4. Place of Birth (Street and Number) 291 Orleans St

5. Full Name of Mother Maria Heusler

6. Mother's Maiden Name Maria Herrman

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Samuel Heusler,

9. Father's Occupation Carpenter,

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary rosa Rudiger

Address 134 North Bond St.

Remarks

RETURN OF A BIRTH.

353 ~~335~~

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 18th January 1875 Baltimore City
4. *Place of Birth* (Street and Number) N. W. Cor Biddle & Castle Sts
5. *Full Name of Mother* Martha. R. Treadway
6. *Mother's Maiden Name* Martha. R. Tipton
7. *Mother's Birthplace* Harford County
8. *Full Name of Father* Thomas. M. Treadway
9. *Father's Occupation* Provision Dealer
10. *Father's Birthplace* Harford County

Name of Medical Attendant, or other Person who makes this Return. William. L. Russell M. D

Address Cor Broadway & Madison Sts

Remarks fine vigorous Child

356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 18th 1875
4. Place of Birth (Street and Number) No 1 Slaughter House Alley
5. Full Name of Mother Charlotte McDonald
6. Mother's Maiden Name Charlotte Johnson
7. Mother's Birthplace Anne Arundel County Md
8. Full Name of Father John Henry McDonald
9. Father's Occupation Brickmaker
10. Father's Birthplace Elk Ridge

Name of Medical Attendant, or other Person who makes this Return. A. Vol Colburn

Address 166 S. Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1876 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 th child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 18 1875
4. *Place of Birth (Street and Number)* 196 Caston ave
5. *Full Name of Mother* Elizabeth Stein
6. *Mother's Maiden Name* Gossler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Stein
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs S Rushmann

Address 120 Bank st C'y

Remarks

RETURN OF A BIRTH.

358

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 10th Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth January 18th 1875

4. Place of Birth (Street and Number) No 12 Pleasent Alley

5. Full Name of Mother Maggeretta Schiffer

6. Mother's Maiden Name " Fritz

7. Mother's Birthplace Germany

8. Full Name of Father Dalm Schiffer

9. Father's Occupation Cooper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C Bushman

Address 120 Bank str

Remarks

RETURN OF A BIRTH.

359

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 23 1975
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	18 January 875
4. Place of Birth (Street and Number)	281. E. Pratt St.
5. Full Name of Mother	Kath. Jung
6. Mother's Maiden Name	" Hyer
7. Mother's Birthplace	U. Staats.
8. Full Name of Father	Adam Jung
9. Father's Occupation	Baker
10. Father's Birthplace	U. Staats.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

360 ~~330~~

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d,~~ &c.)

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) Negro
3. *Date of Birth* 18th January 1875
4. *Place of Birth* (Street and Number) Baltimore 124 N Dallas st
5. *Full Name of Mother* Mary Frances Howard
6. *Mother's Maiden Name* Mary F. Berry
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Nicolas Howard
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell M. D

Address N W Cor Broadway & Madison st

Remarks

361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 18th January
4. Place of Birth (Street and Number) 236 Chew St
5. Full Name of Mother Catharine Slater
6. Mother's Maiden Name " Teepe
7. Mother's Birthplace Baltimore
8. Full Name of Father Alexander Slater
9. Father's Occupation Can maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Allwell Midwife

Address 279 McDonogh St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

ild of Mother (state whether 1st, 2d, 3d, &c.) 2

ate whether Male or Female) Weiblich

r Color (if not of the white race) Weiß

f Birth 18

of Birth (Street and Number) Groß Stritt 280

ame of Mother Catharina Wottmann

s Maiden Name Catharina Keller

s Birthplace Baltimore

ame of Father Johannes Wottmann

s Occupation Arbeiter

s Birthplace Baltimore

of Medical Attendant, or other Person who makes this Return. Catharina Münch

ss Leatenhall Stritt 74

ks

363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8tes Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth January 18th 1875
4. Place of Birth (Street and Number) Baltimore E. Fayette St. No. 139.
5. Full Name of Mother Margareth. A Thomas
6. Mother's Maiden Name Margareth. A. Baker.
7. Mother's Birthplace Baltimore
8. Full Name of Father William W. Thomas
9. Father's Occupation Blaster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

~~2611~~
364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) ~~2~~ d "

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth the 18th of January 1875

4. Place of Birth (Street and Number) Payson & Pratt street

5. Full Name of Mother Chaterine Mönch

6. Mother's Maiden Name Chaterine Kahl

7. Mother's Birthplace Kure Hessian

8. Full Name of Father Fredrick Eduard Mönch

9. Father's Occupation Coopper

10. Father's Birthplace Osnabruck Hanover

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hill

Address No 57 Smallwood Street

Remarks Healthy Child

365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth January 18

4. Place of Birth (Street and Number) No 33 Harford Avenue

5. Full Name of Mother Sophia Robinson

6. Mother's Maiden Name Sophia Dee

7. Mother's Birthplace Maryland

8. Full Name of Father John W. Robinson

9. Father's Occupation Laborer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. O. S. Mason

Address No 38 N. Peter St

Remarks

That a[illegible] accoucheur, midwife, or other person in charge, who shall attend, assist or advise at th[illegible] birth of a[illegible] child, within the City of Baltimore, shall report to the registrar aforesaid, within six [illegible] stating distinctly the date of birth, sex, and color of the child or children born, its o[illegible] condition, whether still born or not; the full name, nativity, and residence of the pare[illegible] and the [illegible] name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE

366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 19th 1875

4. Place of Birth (Street and Number) 408 Hamburg St

5. Full Name of Mother Christiana Bruce

6. Mother's Maiden Name Miller

7. Mother's Birthplace Balto City

8. Full Name of Father David Bruce

9. Father's Occupation Confectioner

10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this Return. Jas Henney

Address 76 S Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 19th 1875
4. Place of Birth (Street and Number)	No 29 Jackson St
5. Full Name of Mother	Adelia Amelia Hall
6. Mother's Maiden Name	Adelia Amelia Peterson
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Wm Henry Hall
9. Father's Occupation	Printer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Charles M Morfit M D
Address	No 83 East Baltimore St
Remarks	

RETURN OF A BIRTH.

368

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19th day of January, 1875
4. *Place of Birth (Street and Number)* Baltimore, Republican st, No. 37
5. *Full Name of Mother* Margaret Jane Clarke
6. *Mother's Maiden Name* Margaret Jane Wilson
7. *Mother's Birthplace* Boston U.S.
8. *Full Name of Father* William Henry Clark
9. *Father's Occupation* A Seaman
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Jane Moran

Address No. 136 McHenry st Baltimore Md.

Remarks Mother and Child are doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 19th 1875
4. Place of Birth (Street and Number)	127 Bolton St Baltimore
5. Full Name of Mother	Emily Symington
6. Mother's Maiden Name	Emily Pierce
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas A Symington
9. Father's Occupation	Manufacturer of Chemicals
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Reggie Buckler M D
Address	135 N Charles St Balto.
Remarks	Labor (Simple &c)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 22 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 19th 1875
4. Place of Birth (Street and Number)	No 10 Patterson Park Ave
5. Full Name of Mother	Katie Hoffmann
6. Mother's Maiden Name	Katie Gaul
7. Mother's Birthplace	City
8. Full Name of Father	Andrew Hoffmann
9. Father's Occupation	Cork Cutter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs C Buchmann
Address	120 Bank st. E.
Remarks	

371

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 ~~Girl~~

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 19th 1875

4. Place of Birth (Street and Number) Baltimore No 175 York Lane

5. Full Name of Mother Sophiah Ringold

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Jacob Ringold

9. Father's Occupation Oyster Shucker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas

Remarks No. 71 Burgundy Alley

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

372

HEALTH DEPARTMENT
FEB
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan. 19th 1875
4. *Place of Birth* (Street and Number) 230. Lemmon St
5. *Full Name of Mother* Mary Gilleely
6. *Mother's Maiden Name* Mary Holland
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Jas Gilleely
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edwd. F. Nicholson

Address 279. W. Lombard St

Remarks

RETURN OF A BIRTH.

373

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 19th 1875
4. Place of Birth (Street and Number) 129 N Bond st
5. Full Name of Mother Charlotte Carr
6. Mother's Maiden Name Charlotte Smith
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Samuel Carr
9. Father's Occupation Brass Finisher
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. D W Cathell M D

Address 1K S Eutaw st

Remarks Child born about 7th month of Pregnancy. Feeble. Lived 3 hours after Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

374

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 19th 1875

4. Place of Birth (Street and Number) 80 S. Paca St.

5. Full Name of Mother Emma Kate Burlington

6. Mother's Maiden Name " " Ames

7. Mother's Birthplace Accomac Co Va

8. Full Name of Father Samuel Zachariah Burlington

9. Father's Occupation Farmer

10. Father's Birthplace Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. Joseph E. Nagle M.D.

Address

Remarks

RETURN OF A BIRTH.

375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 12th Child

1. *Sex (state whether Male or Female)* a Son
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 19 of Jan 1875
4. *Place of Birth (Street and Number)* 176 West st.
5. *Full Name of Mother* Maggie Steinbock
6. *Mother's Maiden Name* " Smith
7. *Mother's Birthplace* Germana.
8. *Full Name of Father* George Steinbock
9. *Father's Occupation* Cabinetmaker
10. *Father's Birthplace* Germana.

Name of Medical Attendant, or other Person who makes this Return. Julie Lohnvasser Midwife

Address 213 Grass st.

Remarks

RETURN OF A BIRTH.

376

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 5d. Child.
1. Sex (state whether Male or Female)	a Son.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	19 Jan. 1875
4. Place of Birth (Street and Number)	No. 20 Bevan st.
5. Full Name of Mother	Cathern Fritz.
6. Mother's Maiden Name	" Siegle.
7. Mother's Birthplace	Germana
8. Full Name of Father	Adam Fritz.
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	Julia Lohmasser Midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

377

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* The 19tt of January 1875
4. *Place of Birth (Street and Number)* 79 Harison Street,
5. *Full Name of Mother* Sophie Jochim
6. *Mother's Maiden Name* Sophie Battels
7. *Mother's Birthplace* Boston
8. *Full Name of Father* Adolph Jochim
9. *Father's Occupation* Machinist
10. *Father's Birthplace* in the Staat Hoogen Germany

Name of Medical Attendant, or other Person who makes this Return. Barbara Reisz midwife

Address 40 E Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 21 1875

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Jan. 19th 1875.
4. *Place of Birth (Street and Number)* No 43 Wolf St.
5. *Full Name of Mother* Theresa Meiser.
6. *Mother's Maiden Name* Theresa Gilpatrick.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Jacob Meiser.
9. *Father's Occupation* Engineer.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return, Mrs M. Amend.

Address No 137 S. Wolf St.

Remarks —

RETURN OF A BIRTH.

379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 21st 1875.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan 19th 1875.
4. *Place of Birth* (Street and Number) No 5 North Washington
5. *Full Name of Mother* Wilhelmina Miller.
6. *Mother's Maiden Name* Wilhelmina Wagner.
7. *Mother's Birthplace* Germania
8. *Full Name of Father* John Müller
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return Wm. M. Arend.

Address No 137 S. Wolf St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

380

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six (6)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 10 o'clock P.M. January 19th

4. Place of Birth (Street and Number) 1st Street between 1st & 2d Av

5. Full Name of Mother Isabella Zadora McNew

6. Mother's Maiden Name Isabella Zadora Hastings

7. Mother's Birthplace Laural Howard Co

8. Full Name of Father Henry Harrison McNew

9. Father's Occupation Drives an Engine Engineer

10. Father's Birthplace Fort Peterson

Name of Medical Attendant, or other Person who makes this Return. J. E. Richard M.D.

Address Clinton St Canton

Remarks Easy labor the child is large and healthy

Both mother and child are doing well

RETURN OF A BIRTH.

381

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 19th 1875
4. *Place of Birth (Street and Number)* 126 Battery Av.
5. *Full Name of Mother* Mary M. Shepard
6. *Mother's Maiden Name* Mary M. Kirkhanborn
7. *Mother's Birthplace* Baltimore 1851.
8. *Full Name of Father* Joseph H. Shepard.
9. *Father's Occupation* Penman
10. *Father's Birthplace* Salem. N. J.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Krume

Address 114 Battery Av.

Remarks

382

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 19th 1875
4. Place of Birth (Street and Number) #2 Warren St. F.P.
5. Full Name of Mother Christian Mark Billitzke
6. Mother's Maiden Name Christian Mark
7. Mother's Birthplace Germany
8. Full Name of Father Ottile Billitzke
9. Father's Occupation Laborer.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address # 178 Chapel St. F.P.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 first [illegible]
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	19 of January
4. Place of Birth (Street and Number)	145 Chesnut Street
5. Full Name of Mother	Mary Green
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	George Green Walker
9. Father's Occupation	Baltimore
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Rosella William
Address	No. 70 Chesnut Street
Remarks	Could Mother Danny Will

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

384

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 1 1875
4. Place of Birth (Street and Number)	1253 William st
5. Full Name of Mother	Sarah N. Marshall
6. Mother's Maiden Name	Sarah N. Earle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Marshall
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. A Asali
Address	" 107 Johnson st
Remarks	

385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth January 19th
4. Place of Birth (Street and Number) Baltimore No 5 Cadenhall st.
5. Full Name of Mother Margeret R Blackburn.
6. Mother's Maiden Name Margeret R Cooen.
7. Mother's Birthplace Calvert County.
8. Full Name of Father John A Blackburn.
9. Father's Occupation Labores
10. Father's Birthplace Calvert County.

Name of Medical Attendant, or other Person who makes this Return. Mrs Celestine Conway

Address John A Blackburn No 5 Cadenhall st.

Remarks

That any physician, accoucheur, midwife, or other person, who shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

386

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or Female) F. Female
2. Race or Color (if not of the white race) American
3. Date of Birth Jan 19th 1875
4. Place of Birth (Street and Number) 14 S Columbia St
5. Full Name of Mother Florence Peters
6. Mother's Maiden Name " Mantler
7. Mother's Birthplace Balto. Md
8. Full Name of Father Thomas L. Peters
9. Father's Occupation Butcher
10. Father's Birthplace Balto. Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Md

Address 379 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 19th 1875
4. Place of Birth (Street and Number)	No 138 Battery Avenue
5. Full Name of Mother	S. S. Harper
6. Mother's Maiden Name	S. E. Erbuch
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Washington Harper
9. Father's Occupation	Employed by Express Co
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Stotle M.D
Address	17. Warren St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~335~~
388

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 19th 1875
4. *Place of Birth (Street and Number)* Balto Front St- W. 18
5. *Full Name of Mother* Margret ~~Mahon~~ Manion
6. *Mother's Maiden Name* Margret Maher
7. *Mother's Birthplace* parish Kilcy Cross Co Tipperary Ire
8. *Full Name of Father* James Manion Jr
9. *Father's Occupation* Dray man
10. *Father's Birthplace* Ballinlass Co Galway Ire

Name of Medical Attendant, or other Person who makes this Return. Pascula T Chrisman

Address 129. E Monument St

Remarks

RETURN OF A BIRTH.

389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 19th 1875.
4. Place of Birth (Street and Number)	Stricker St. near Mc.Henry.
5. Full Name of Mother	Harriet Childs.
6. Mother's Maiden Name	Logan.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George W. Childs.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	John D. White M. D.
Address	19 South Hulton St.
Remarks	

390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 19th 1875
4. Place of Birth (Street and Number) #82 Stiles St
5. Full Name of Mother Josephine Lavinia Myers
6. Mother's Maiden Name Josephine Lavinia Morris
7. Mother's Birthplace Balto. Md
8. Full Name of Father George Myers
9. Father's Occupation Clerk in Custom House
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. P. S. Kippenmen M. D.

Address 73 East Pratt Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 19th
4. Place of Birth (Street and Number) Baltimore, Bond st No 125
5. Full Name of Mother Mankrata Manns
6. Mother's Maiden Name Mankrata Hermann
7. Mother's Birthplace Bauern
8. Full Name of Father Adam Manns
9. Father's Occupation keeps Saloon
10. Father's Birthplace Bauern

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	19 of Januar
4. Place of Birth (Street and Number)	N. S. Antony Street
5. Full Name of Mother	Anna Marya
6. Mother's Maiden Name	Kahnd
7. Mother's Birthplace	Bayern
8. Full Name of Father	Jorge Hatt
9. Father's Occupation	Tailor
10. Father's Birthplace	Hessen
Name of Medical Attendant, or other Person who makes this Return	Dorathea Pfau Midwife
Address	N. 79 Somerset Street
Remarks	

393

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth,
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 20th 1875.
4. Place of Birth (Street and Number)	12 Hanson St
5. Full Name of Mother	Caroline Christensen,
6. Mother's Maiden Name	Caroline McDonald.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	John A. Christensen,
9. Father's Occupation	Seaman
10. Father's Birthplace	Norway.
Name of Medical Attendant, or other Person who makes this Return.	L. V. Hanck M.D
Address	95 E. Baltimore St.
Remarks	

RETURN OF A BIRTH.

394

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	white
3. Date of Birth	Jan. 20th 1875.
4. Place of Birth (Street and Number)	corner Johnson street & Lemmon
5. Full Name of Mother	Christina Theuler
6. Mother's Maiden Name	Christina Friedriks
7. Mother's Birthplace	Germania
8. Full Name of Father	Henry L Theuler
9. Father's Occupation	Labor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Bruns
Address	114 Battery Ave.
Remarks	

RETURN OF A BIRTH.

395

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Six.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	Jan. 20th 75 - 11 o'c. a. m.
4. Place of Birth (Street and Number)	N. W. cor. Forrest & Monument sts.
5. Full Name of Mother	Hannah E. Ayers
6. Mother's Maiden Name	Berry
7. Mother's Birthplace	Harford Co. Md.
8. Full Name of Father	Wm H. Ayers
9. Father's Occupation	Carter
10. Father's Birthplace	Balt. Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Henry J. Reynolds M.D.
Address	186 Aisquith st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

396

HEALTH DEPARTMENT
FEB 2
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Jany 20. 1875
4. Place of Birth (Street and Number)	297 N. Biddle
5. Full Name of Mother	Sarah Matilda Carlon
6. Mother's Maiden Name	Sarah M. Gettier
7. Mother's Birthplace	Balt. city
8. Full Name of Father	Thomas Carlon
9. Father's Occupation	Painter
10. Father's Birthplace	Balt. city
Name of Medical Attendant, or other Person who makes this Return.	Mahlon Bevan MD
Address	20. W. Biddle St.
Remarks	

RETURN OF A BIRTH.

397

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 20th 1875
4. Place of Birth (Street and Number) 70 Lee Street
5. Full Name of Mother Marie Emma Stollstein
6. Mother's Maiden Name Marie Emma Stamman
7. Mother's Birthplace ~~City~~ Baltimore
8. Full Name of Father John Christian Stollstein
9. Father's Occupation Book Keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Jane Winnenberger

Address 23 N. Liberty St.

Remarks

398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 — 5

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) American. White
3. Date of Birth Jan 20th 1875
4. Place of Birth (Street and Number) Baltimore Md. Spring St No 145
5. Full Name of Mother Mary Beckke
6. Mother's Maiden Name Mary Miller
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Frank Beckke
9. Father's Occupation drayman
10. Father's Birthplace Wittenburg

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosie Hellig

Address 48 Holland St Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth January 20th 1875.
4. Place of Birth (Street and Number) No 11 McKelvey.
5. Full Name of Mother Annie Donohue.
6. Mother's Maiden Name Annie Owen.
7. Mother's Birthplace Ireland
8. Full Name of Father Bernard Donohue
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegust

Address No. 182 Monument street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

400

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 25th 1875.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 20th 1875.

4. Place of Birth (Street and Number) Gough Street No 187.

5. Full Name of Mother Caroline Hahn

6. Mother's Maiden Name Caroline Buchrus

7. Mother's Birthplace Germany

8. Full Name of Father John Hahn

9. Father's Occupation Shoemaker

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolf St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

401

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 22nd 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 10th 1875
4. *Place of Birth (Street and Number)* No 12 Wolf St.
5. *Full Name of Mother* Mary Kirchner
6. *Mother's Maiden Name* Mary Kaufmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lorenz Kirchner
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Strauss

Address No 137 S. Wolf St

Remarks

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

RETURN OF A BIRTH.

402

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 20
4. *Place of Birth (Street and Number)* Salisbury St
5. *Full Name of Mother* Dora Ellen ~~Fry~~ Fry
6. *Mother's Maiden Name* " " Wildman
7. *Mother's Birthplace* Alexandria ~~Maryland~~ Virginia
8. *Full Name of Father* John C. Fry
9. *Father's Occupation* Book Seller
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. C. J. Johnston M.D

Address 38 N. Eutaw St

Remarks

403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 20 January
4. Place of Birth (Street and Number) Chase Hoeet between Hardfort Road and Mt Kims Hill
5. Full Name of Mother Laura ~~Kitt~~
6. Mother's Maiden Name Kitt
7. Mother's Birthplace Baltimor
8. Full Name of Father James Mellingham
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Dorothea Pfarr

Address

Remarks has removed to 240 Egar Hill near Central Avenue.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~403~~ 1011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 20th January 1875

4. Place of Birth (Street and Number) 209 Monument st cor Central Av.

5. Full Name of Mother Catherine Maria Matilda ~~Bull~~ Higgins

6. Mother's Maiden Name Catherine Maria Matilda Bull

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles N. B. Higgins

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marry A. Bull.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth ~~Baltimore~~ ~~[illegible]~~ Jany 20th
4. Place of Birth (Street and Number) Baltimore 68 Franklin St.
5. Full Name of Mother Mary Mercer Carter
6. Mother's Maiden Name Mary Mercer Swann
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Shirly Carter
9. Father's Occupation Physician
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Riggin Buckler M D

Address 135 N Chas St

Remarks Balto

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 20th 1875
4. Place of Birth (Street and Number)	No 154 N. Bond st
5. Full Name of Mother	Mary Jane Hamilton
6. Mother's Maiden Name	Mary Jane Riley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James B Hamilton
9. Father's Occupation	Inspector in Custom House
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	E Monument st 327
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 20th 1875
4. *Place of Birth (Street and Number)* No 240 S. Durham str
5. *Full Name of Mother* Susana Bressler
6. *Mother's Maiden Name* " Hüftlein
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Bressler
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

408

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Irish
3. *Date of Birth* 9 Jan 20/75
4. *Place of Birth. (Street and Number)* 18 Lemmon St
5. *Full Name of Mother* Sarah Feely
6. *Mother's Maiden Name* " Liberty
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Jas. Feely
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. A L Shearer MD

Address 379 W. Lombard St

Remarks

409

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth Wednesday. Jany 20th 1875.
4. Place of Birth (Street and Number) 163. West Lombard Street.
5. Full Name of Mother Dolores Jacobson
6. Mother's Maiden Name do do
7. Mother's Birthplace Karthaus Germany.
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Sr Elmer M.D.

Address Resident Physician

Remarks Maryland Lying In Hospital of the College of Physicians & Surgeons

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

410

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* January 20th 1875.
4. *Place of Birth (Street and Number)* Pennsylvania Avenue, near Northern Avenue
5. *Full Name of Mother* Louisa Messersmith
6. *Mother's Maiden Name* " Saumerig.
7. *Mother's Birthplace* Baltimore —
8. *Full Name of Father* Charles Messersmith.
9. *Father's Occupation* Butcher —
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene St.

Remarks

411

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 20 of Janerway 1875 the first child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 20 of Janerway 1875
4. Place of Birth (Street and Number) 225 West Street
5. Full Name of Mother Sarah Mayser
6. Mother's Maiden Name —
7. Mother's Birthplace Baltimore Md
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Milly Grooss

Address Spatap Sco avenue No 1

Remarks No oughter Sphisney was call

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twelfth.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Jany. 20th 1875.
4. Place of Birth (Street and Number)	381 W. Fayette
5. Full Name of Mother	Mary Ann Hanor
6. Mother's Maiden Name	" " Ponder.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Benjamin Franklin Hanor
9. Father's Occupation	Miller.
10. Father's Birthplace	Balto. County
Name of Medical Attendant, or other Person who makes this Return.	Samuel J. Knight M.D.
Address	112 N. Greene
Remarks	

413

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

Child of Mother (state whether 1st, 2d, 3d, &c.) 2

(state whether Male or Female) Männlich

e or Color (if not of the white race) Weiß

e of Birth 20

ce of Birth (Street and Number) Grossstritt 313

Name of Mother Karolina Erhart

her's Maiden Name Karolina Derr

her's Birthplace Darmstatt

Name of Father Friedrich Erhartt

her's Occupation Polzer

her's Birthplace Baltimore

me of Medical Attendant, or other Person who makes this Return. Catharina Münch

dress Leatenhal Stritt 74

marks

414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) female child
2. Race or Color (if not of the white race) Colour
3. Date of Birth January 20 1875
4. Place of Birth (Street and Number) Short st no 2 23
5. Full Name of Mother Susan Johnson
6. Mother's Maiden Name Susan Hollands
7. Mother's Birthplace Talbot County Md
8. Full Name of Father Perry Johnson
9. Father's Occupation Sweeper
10. Father's Birthplace Somersett County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson ~~[illegible]~~

Address no. 32 Short st

Remarks Heather

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

415

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	20th January 1875
4. Place of Birth (Street and Number)	No. 2. second St.
5. Full Name of Mother	Marie Holine
6. Mother's Maiden Name	" Baron
7. Mother's Birthplace	England
8. Full Name of Father	Jos. Holine
9. Father's Occupation	Boot maker
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

416

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany the 21 st between 12 and noon
4. Place of Birth (Street and Number)	No 11 South mount st
5. Full Name of Mother	
6. Mother's Maiden Name	Susan A Bien York Pa
7. Mother's Birthplace	York Pa
8. Full Name of Father	Jame H. Murray
9. Father's Occupation	Machinest
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Jennie Linder
Address	45 Monroe Stret,
Remarks	

417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 21

4. Place of Birth (Street and Number) 44 Granby St

5. Full Name of Mother Kaley Calvert

6. Mother's Maiden Name Kaley Young

7. Mother's Birthplace Kentucky

8. Full Name of Father Frank Calvert

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Vienson

Address No 70 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

418

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Jan 21st 1875.
4. *Place of Birth (Street and Number)* 85 Wolf st.
5. *Full Name of Mother* Sarah Ellen Harper.
6. *Mother's Maiden Name* Sarah Ellen Green.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Benj. Franklin Harper
9. *Father's Occupation* Railroad Switchman
10. *Father's Birthplace* Baltimore County Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Walter.

Address 125 North Carlisle Street.

Remarks

RETURN OF A BIRTH.

419

HEALTH DEPARTMENT JAN 1 1895 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 21st
4. Place of Birth (Street and Number)	Cross St. No. 198
5. Full Name of Mother	Anna Fishback
6. Mother's Maiden Name	Jacob
7. Mother's Birthplace	Kur. Hessen
8. Full Name of Father	Ernst Fishback
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Marg. Hertz.
Address	328 S. Eutaw St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

420

HEALTH DEPARTMENT JAN 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second. Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 21st

4. Place of Birth (Street and Number) Cross St 419.

5. Full Name of Mother Johnpanne Trushel

6. Mother's Maiden Name Femal

7. Mother's Birthplace Hanover

8. Full Name of Father Jacob Trushel

9. Father's Occupation Box maker

10. Father's Birthplace Frankfurt

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328. S. Eutaw St.

Remarks

RETURN OF A BIRTH.

421

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	21. of January 1875.
4. *Place of Birth* (Street and Number)	E. Lombardst. 129. Baltimore.
5. *Full Name of Mother*	Rachel Hamburger
6. *Mother's Maiden Name*	Heilner
7. *Mother's Birthplace*	New York.
8. *Full Name of Father*	Emanuel
9 *Father's Occupation*	Mechanics
10. *Father's Birthplace*	Bevarien Baiern
Name of Medical Attendant, or other Person who makes this Return.	Cäcilie Bernstein
Address	E. Lombardst. 113.
Remarks	

RETURN OF A BIRTH.

422

HEALTH DEPARTMENT
FEB
5
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* January 21 1875
4. *Place of Birth* (Street and Number) 245 Johnson st
5. *Full Name of Mother* Josephine Tylor
6. *Mother's Maiden Name* ~~Smith~~ Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Tylor
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Nash

Address 307 Johnson st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

423

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st January 1875
4. *Place of Birth (Street and Number)* Public Alley
5. *Full Name of Mother* Doretta Mahlman.
6. *Mother's Maiden Name* Doretta Kauffman.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Heiman Kauffman
9. *Father's Occupation* Brick Layer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Pandalow St. No 57.

Remarks

Katherine Doll.

RETURN OF A BIRTH.

424

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st of Jan. 1875
4. *Place of Birth (Street and Number)* John St. No number.
5. *Full Name of Mother* Mary Ellen Watkins.
6. *Mother's Maiden Name* Glenn.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William H. Watkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address No 7 Federal St.

Remarks

425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 21st Jan. 1875
4. Place of Birth (Street and Number) 333 Light St.
5. Full Name of Mother Margaret J Pritchett
6. Mother's Maiden Name " " " White
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wm Pritchett
9. Father's Occupation Sea Captain
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. A W Dodge M.D.

Address 201 Hanover St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 21st 1875
4. Place of Birth (Street and Number) No 30 East Pratt Street
5. Full Name of Mother B. Hollshir
6. Mother's Maiden Name B. Soymeyer
7. Mother's Birthplace Germany
8. Full Name of Father H. Hollshir
9. Father's Occupation Watch Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Hillegrist

Address No 182 Monument Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

427

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 21st 1875

4. Place of Birth (Street and Number) 70 Walker St

5. Full Name of Mother Mary E. Stegman

6. Mother's Maiden Name Mary E. Arnett

7. Mother's Birthplace Dorchester Cambridge

8. Full Name of Father Frederick C. Stegman

9. Father's Occupation Segar maker

10. Father's Birthplace Prussia.

Name of Medical Attendant, or other Person who makes this Return. J. R. Ashler M.D

Address 234 W Fayette St

Remarks Prolonged labor. Mother quite weak.

428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female child Bond the
2. Race or Color (if not of the white race) color
3. Date of Birth date of Birth 21
4. Place of Birth (Street and Number) pirse street no 4
5. Full Name of Mother Rachel greed
6. Mother's Maiden Name Rachel dasey
7. Mother's Birthplace ues River
8. Full Name of Father gorge greed
9. Father's Occupation occupation watten
10. Father's Birthplace Catten ville

Name of Medical Attendant, or other Person who makes this Return. fonny dutton

Address 8 & 4 st Mary st

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

429

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 21

4. Place of Birth (Street and Number) 1017 Johnson st

5. Full Name of Mother Margrt. Ann. Williamson

6. Mother's Maiden Name Margrt Ann Farmer

7. Mother's Birthplace Somerset. County. Md.

8. Full Name of Father William. Williamson

9. Father's Occupation Boatsman

10. Father's Birthplace Irland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann Nash

Address .....

Remarks .....

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Col. [illegible]
3. Date of Birth	Jan 21st 1875
4. Place of Birth (Street and Number)	Stockton St No 54
5. Full Name of Mother	Mary O. McCusker
6. Mother's Maiden Name	Mary O. Dunbar
7. Mother's Birthplace	Grahamville S. C.
8. Full Name of Father	Lewis C. McCusker
9 Father's Occupation	House Builder
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. G. Sparrow M. D.
Address	N. Carey St. No. 428
Remarks	A large healthy child weighing about 10 lbs.

L. G. S

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

RETURN OF A BIRTH.

431

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 21st. 1875.
4. Place of Birth (Street and Number)	No 124 Lanvale.
5. Full Name of Mother	Mrs Neilson Ror.
6. Mother's Maiden Name	Alice L Minnis.
7. Mother's Birthplace	State of New York.
8. Full Name of Father	Neilson Ror.
9. Father's Occupation	Teller in Farmers & Planters Bank.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	M C Van Bibber MD.
Address	47. Franklin St. Balto.
Remarks	

RETURN OF A BIRTH.

432

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 21st 1875

4. Place of Birth (Street and Number) Scott near Freemont 114

5. Full Name of Mother Sarah Eliot

6. Mother's Maiden Name Sarah Addison

7. Mother's Birthplace Baltimore

8. Full Name of Father Gideon Eliot

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Mitchell

Address 88 Parkin st

Remarks

433

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth January 21st
4. Place of Birth (Street and Number) No. 414 E. Monument st.
5. Full Name of Mother Ellen Frances Wilson
6. Mother's Maiden Name Smith
7. Mother's Birthplace Philadelphia
8. Full Name of Father Joseph Pierce Wilson
9. Father's Occupation Elder Methodist Protestant Church
10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Charles J. Klueber M.D.

Address No. 197. Aisquith st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

434

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 21 st 1875
4. Place of Birth (Street and Number)	78 Lancaster sts
5. Full Name of Mother	Katherine Sann
6. Mother's Maiden Name	" Lanz
7. Mother's Birthplace	Germany
8. Full Name of Father	Lewis Sann
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	120 Bank st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 2 1875
4. Place of Birth (Street and Number)	No 268 Bank st
5. Full Name of Mother	Madelin Behrens
6. Mother's Maiden Name	" Ramsauer
7. Mother's Birthplace	City
8. Full Name of Father	Jacob Behrens
9. Father's Occupation	Segar Maker
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bachmann
Address	120 Bank st.
Remarks	

436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (~~state whether~~ ~~Male or~~ Female)
2. Race or Color (if not of the white race) White.
3. Date of Birth Jany 21 1875.
4. Place of Birth (Street and Number) 341 Columbia St.
5. Full Name of Mother Sarah E. Schaeffer.
6. Mother's Maiden Name Sarah E. Connolly.
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Augustus Schaeffer.
9. Father's Occupation Engineer.
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

Address John J. R. Kroger, M.D.

Remarks 273, W Lexington St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

437

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	21st January 875.
4. Place of Birth (Street and Number)	250. E. Lombard St.
5. Full Name of Mother	Marie Herold
6. Mother's Maiden Name	" Feller
7. Mother's Birthplace	Germany.
8. Full Name of Father	Georg Herold
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Germeny.
Name of Medical Attendant, or other Person who makes this Return.	Sarah. Jasper
Address	52. E. Lombard St.
Remarks	

RETURN OF A BIRTH.

438

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 ed
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	"
3. Date of Birth	21 " January 875
4. Place of Birth (Street and Number)	267 Central Avene
5. Full Name of Mother	Marie Bauer
6. Mother's Maiden Name	" Dimmel
7. Mother's Birthplace	U. Staats
8. Full Name of Father	Henry Bauer
9. Father's Occupation	Taylor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Larsen
Address	52 E. Lombard St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4

RETURN OF A BIRTH.

439

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	21st January 875
4. *Place of Birth* (Street and Number)	88. N. Wolf st.
5. *Full Name of Mother*	Virgin Ridgert,
6. *Mother's Maiden Name*	" Ford
7. *Mother's Birthplace*	U. States.
8. *Full Name of Father*	William Ridgert
9. *Father's Occupation*	none.
10. *Father's Birthplace*	U. States.
Name of Medical Attendant, or other Person who makes this Return.	Sarah. Jasper
Address	52. E. Lombard.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (~~if not~~ of the white race)
3. Date of Birth January 21: 1875
4. Place of Birth (Street and Number) Carrollton Hotel
5. Full Name of Mother Frances H. Larrabee
6. Mother's Maiden Name Frances Howard
7. Mother's Birthplace Pennsylvania.
8. Full Name of Father W: F. Larrabee
9. Father's Occupation Merchant.
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnston M.D.

Address No 82 Franklin St.

Remarks Pain causing Forceps effected delivery. The child living.

RETURN OF A BIRTH.

441

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Birth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth January 21st 1875

4. Place of Birth (Street and Number) 15 E Lombard Street

5. Full Name of Mother Mary A. Hazard

6. Mother's Maiden Name " " Coleman

7. Mother's Birthplace Maryland

8. Full Name of Father Louis A Hazard

9. Father's Occupation Tailor

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary A. Atwell Midwife

Address 279 McHenry St

Remarks

442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 22

4. Place of Birth (Street and Number) N [illegible] st [illegible] 74

5. Full Name of Mother Maria Schneider

6. Mother's Maiden Name Maria [illegible]

7. Mother's Birthplace Rheingrenifen

8. Full Name of Father Jakob Schneider

9. Father's Occupation [illegible]

10. Father's Birthplace Rheingrenifen

Name of Medical Attendant, or other Person who makes this Return. Sophia [illegible]

Address No 70 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

-443

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	22 January 1875
4. Place of Birth (Street and Number)	64 Fulmer St
5. Full Name of Mother	Cate Matzen
6. Mother's Maiden Name	Cate Geil
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Matzen
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm E Baldemann
Address	120 Bank St
Remarks	

444

1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2te Kind

1. Sex (state whether Male or Female) Knabe
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 22. Januar
4. Place of Birth (Street and Number) Kannab Straße Haus No. 137
5. Full Name of Mother Katharina Karb
6. Mother's Maiden Name Katharina Edelmann
7. Mother's Birthplace aus Rothenbuch Königreich Bayern
8. Full Name of Father Franz Edelmann
9. Father's Occupation Taglöner
10. Father's Birthplace aus Rothenbuch Königreich Bayern

Name of Medical Attendant, or other Person who makes this Return. Walburga Müller

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

445

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

ild of Mother (state whether 1st, 2d, 3d, &c.) 10 Children

te whether Male or Female) Male

Color (if not of the white race) White

Birth 22 genevery

f Birth (Street and Number) Dustaly N. 22.

me of Mother Letitia Weller.

Maiden Name Letitia Lauchlen

Birthplace Baltimor

me of Father William d Weller.

Occupation Sailmaker

Birthplace Dorchester Enute

of Medical Attendant, or other Person who makes this Return. Mrs Martin

s West. St. 128.

ks

RETURN OF A BIRTH.

446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

ild of Mother (state whether 1st, 2d, 3d, &c.) 2 Children

te whether Male or Female) Ferrale

r Color (if not of the white race) Wilte

Birth 22 Genoreey

f Birth (Street and Number) Hanover St. N. 346

ame of Mother Catherine Kelly

s Maiden Name Catherine Oder

e Birthplace Co Galway Ireland.

ame of Father Peter Kelly

Occupation Labor

s Birthplace Co of Galway Ierland

of Medical Attendant, or other Person who makes this Return. Mrs Martin

s West St 126.

ce

447

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight.

1. Sex (state whether Male or Female) One Male.
2. Race or Color (if not of the white race) White
3. Date of Birth January 22nd
4. Place of Birth (Street and Number) Hartford Avenue B. Co.
5. Full Name of Mother Mary Grimmel
6. Mother's Maiden Name Mary Denck
7. Mother's Birthplace Germany
8. Full Name of Father John Grimmel
9. Father's Occupation Beef Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Maryrosa Rudiger

Address 134 North Bond st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

448

HEALTH DEPARTMENT JAN 1913 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 22nd
4. *Place of Birth (Street and Number)* 601 Warner St. and Ward, Wayne
5. *Full Name of Mother* Anna Boemer
6. *Mother's Maiden Name* Lieke
7. *Mother's Birthplace* Hanover
8. *Full Name of Father* Henry Boemer
9. *Father's Occupation* Grocerie Store keeper
10. *Father's Birthplace* Hanover

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 S. Eutaw St.

Remarks

RETURN OF A BIRTH.

449

HEALTH DEPARTMENT JAN 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan 22
4. *Place of Birth* (Street and Number) Herrings Court № 7
5. *Full Name of Mother* Margret Georg
6. *Mother's Maiden Name* Margret Bleß
7. *Mother's Birthplace* Hesse Darmstate
8. *Full Name of Father* Adam Georg
9. *Father's Occupation* None
10. *Father's Birthplace* Hesse Darmstate

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemsen

Address № 70 Granby st.

Remarks

1150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5'd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 of Januar 1875
4. Place of Birth (Street and Number)	E. Lombard str. No 7. Balto
5. Full Name of Mother	Katharina Dorethea Elisabeth
6. Mother's Maiden Name	Küchenmeister
7. Mother's Birthplace	Reinfeld Holstein
8. Full Name of Father	Henry Stein
9. Father's Occupation	Tailor
10. Father's Birthplace	Rheinfeld
Name of Medical Attendant, or other Person who makes this Return.	Cäcilie Bernstein
Address	Lombard No 113.
Remarks	

451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1879 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white.
3. Date of Birth	January 22nd
4. Place of Birth (Street and Number)	1. New Church Street.
5. Full Name of Mother	Christiane Schuman.
6. Mother's Maiden Name	Christiane Schulter
7. Mother's Birthplace	Hanover Germany.
8. Full Name of Father	Fred Schumann
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Prussian Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Weisel
Address	56. Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

452

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~143 Burgundy St.~~

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 22nd ~~Feb~~ Jan.
4. Place of Birth (Street and Number) 143 Burgundy St.
5. Full Name of Mother Mary Kreidweis
6. Mother's Maiden Name Mary Bauman
7. Mother's Birthplace Heidelshein
8. Full Name of Father Ambros Kreidweis
9. Father's Occupation Silk wever
10. Father's Birthplace Laiberstung

Name of Medical Attendant, or other Person who makes this Return. Katharina Sunbach.

Address West Lenett St 437.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

453

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth January 22

4. Place of Birth (Street and Number) No 249 S Bradway

5. Full Name of Mother Wilhelmine E. Klingenberg

6. Mother's Maiden Name Wilhelmine E. Wichmann

7. Mother's Birthplace Bremen

8. Full Name of Father Johann C. L. Klingenberg

9. Father's Occupation Labor

10. Father's Birthplace St Andreasberg

Name of Medical Attendant, or other Person who makes this Return. Regina Heidage

Address No 289 S Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

454

HEALTH DEPARTMENT
FEB 2
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 22. 1875
4. *Place of Birth (Street and Number)* ~~Pennsylvania Avenue~~ Pennsylvania Avenue
5. *Full Name of Mother* Isabella Virginia Shurtz
6. *Mother's Maiden Name* Isabella V. Gettier
7. *Mother's Birthplace* Manchester. Carroll Co.
8. *Full Name of Father* William H. Shurtz
9. *Father's Occupation* Carpenter
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer MD
Address 921 W. Biddle St.
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

455

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 22 1875
4. Place of Birth (Street and Number)	48 Division St.
5. Full Name of Mother	Virginia Shipley
6. Mother's Maiden Name	Virginia Waley
7. Mother's Birthplace	Balt County
8. Full Name of Father	Wm T. Shipley
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balt. County
Name of Medical Attendant, or other Person who makes this Return.	Mahlon Brewer M D
Address	201 W. Biddle Street
Remarks	

456

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
5
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan. 22nd
4. *Place of Birth* (Street and Number) 1311 St. Paul
5. *Full Name of Mother* Eliza Jane Whitham
6. *Mother's Maiden Name* " " Fields
7. *Mother's Birthplace* Cor'd Madison & Liberty Alley
8. *Full Name of Father* Richard J. Vaughan
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. H. Grayson

Address No. 15 Saratoga St

Remarks Twin 1st of 2 Js

457

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 22th of January
4. Place of Birth (Street and Number) Mulberry Street 357
5. Full Name of Mother Emma Louise Rasin
6. Mother's Maiden Name Kennedy
7. Mother's Birthplace Baltimore
8. Full Name of Father Gustavus Alexander Rasin
9. Father's Occupation merchant
10. Father's Birthplace Berlin. Prussia

Name of Medical Attendant, or other Person who makes this Return. A. F. Steinhart

Address 224 W Fayette Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

458

HEALTH DEPARTMENT
FEB
9
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	January 22nd 1875
4. Place of Birth (Street and Number)	215 Preston
5. Full Name of Mother	Louisa A Shealy
6. Mother's Maiden Name	Louisa Yingling
7. Mother's Birthplace	Pa
8. Full Name of Father	Joseph Shealy
9. Father's Occupation	Furniture Wagons
10. Father's Birthplace	Pa
Name of Medical Attendant, or other Person who makes this Return.	C Winslow
Address	23 M Culloch St
Remarks	

RETURN OF A BIRTH.

439

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 12 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22nd of Jan. 1875
4. *Place of Birth (Street and Number)* Falls Road no number
5. *Full Name of Mother* Sophronia Stevens
6. *Mother's Maiden Name* Collett
7. *Mother's Birthplace* New Market
8. *Full Name of Father* Isaac Stevens
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address No. 7 Federal St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

460

HEALTH DEPARTMENT
FEB 15 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 22 1875
4. *Place of Birth (Street and Number)* Baltimore No 67 Lane Street
5. *Full Name of Mother* Margret Taylor
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Denton Maryland
8. *Full Name of Father* Washington W Taylor
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Denton Maryland

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address 67 Burgundy Alley

Remarks

RETURN OF A BIRTH.

461

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 — 1 Child

1. *Sex (state whether Male or Female)* Male child
2. *Race or Color (if not of the white race)* American White.
3. *Date of Birth* January 22 1875
4. *Place of Birth (Street and Number)* Baltimore Md. Little Mc. Elderry Alley 5.
5. *Full Name of Mother* Magareth Schmitt.
6. *Mother's Maiden Name* Magareth Benseil.
7. *Mother's Birthplace* Sterbach K. Gellhousen.
8. *Full Name of Father* Nicolous Schmitt.
9. *Father's Occupation* Clerk and Liquor Merchent.
10. *Father's Birthplace* Gosshen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosie Kelly

Address 48 Holland St. Baltimore Md.

Remarks

462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 22nd 1875
4. Place of Birth (Street and Number)	120 N. Paca
5. Full Name of Mother	Emma Louisa Myers
6. Mother's Maiden Name	" " Bevans
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John E. Myers
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

463

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 25 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 4th

1. *Sex (state whether Male or Female)* Boy.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 22nd
4. *Place of Birth (Street and Number)* Herring Lane 171.
5. *Full Name of Mother* ~~Catherine~~ Carter Catrin Ferguson.
6. *Mother's Maiden Name* Catherine Carter
7. *Mother's Birthplace* in Baltimore.
8. *Full Name of Father* Mr James Ferguson
9. *Father's Occupation* Police officer
10. *Father's Birthplace* in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

RETURN OF A BIRTH.

4464

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 25 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 22nd 1875
4. *Place of Birth (Street and Number)* 195 Columbia Aven
5. *Full Name of Mother* Esther Ann Stewart
6. *Mother's Maiden Name* Bell
7. *Mother's Birthplace* Snow Hill Md
8. *Full Name of Father* Charles Henry Stewart
9. *Father's Occupation* Painter
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Jas H Curry

Address 716 E Pratt

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

465

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 26th 1875.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 22nd 1875.
4. Place of Birth (Street and Number) No 32 Eaton avenue
5. Full Name of Mother Barbara Kellermann.
6. Mother's Maiden Name Barbara Lang.
7. Mother's Birthplace Germania
8. Full Name of Father Gustav Kellermann
9. Father's Occupation Shoemaker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend.

Address No 137 S. Wolf Street.

Remarks —

RETURN OF A BIRTH.

466

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Four th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth January 22nd 1875

4. Place of Birth (Street and Number) 186 Gertrude Street

5. Full Name of Mother Ernestine McDonald

6. Mother's Maiden Name " " "

7. Mother's Birthplace Westford Ireland

8. Full Name of Father Andrew McDonald

9. Father's Occupation Iron Moulder

10. Father's Birthplace Westford Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Mould Midwife

Address 279 McDougal st

Remarks ~

RETURN OF A BIRTH.

467

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether ~~Male~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 22nd 1875
4. *Place of Birth (Street and Number)* Baltimore E. Madison St. No 265.
5. *Full Name of Mother* Kate Gross
6. *Mother's Maiden Name* Kate Storre
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Israel Gross.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Washington D. C.

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No 26.

Remarks

RETURN OF A BIRTH.

468.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born the 22 of January 1875
4. *Place of Birth (Street and Number)* Micdonlin Street 258
5. *Full Name of Mother* Catherin Lawson
6. *Mother's Maiden Name* Catherin Brice
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Jack Lawson
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Carline County

Name of Medical Attendant, or other Person who makes this Return. Roberta Williamson

Address 70 Chesnut Street

Remarks Mother and Child doing Well

RETURN OF A BIRTH.

469

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One is Second Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Anglo Saxon
3. Date of Birth	January 22th A.D. 1873
4. Place of Birth (Street and Number)	186 S. Eutaw Street Baltimore Md
5. Full Name of Mother	Etimonia Snyder
6. Mother's Maiden Name	" " " Branson
7. Mother's Birthplace	Liberty Bedford Co Va
8. Full Name of Father	George Snyder
9. Father's Occupation	Farm Dealer
10. Father's Birthplace	Constableville Lewis Co. N.Y.
Name of Medical Attendant, or other Person who makes this Return.	Minty Perry Midwife
Address	No 32 China Street Baltimore Maryland
Remarks	

RETURN OF A BIRTH.

1170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 22nd 1875.
4. Place of Birth (Street and Number)	196 Eastern Ave
5. Full Name of Mother	Christina Altwater
6. Mother's Maiden Name	Krause
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Altwater
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Rustmeamon
Address	120 Bank st
Remarks	

RETURN OF A BIRTH.

471

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
23
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	22nd January 875.
4. Place of Birth (Street and Number)	39. E. Lombard St.
5. Full Name of Mother	Betty Goldsmit
6. Mother's Maiden Name	" Moses.
7. Mother's Birthplace	Germeny.
8. Full Name of Father	Herman. Goldsmit
9. Father's Occupation	merchant
10. Father's Birthplace	Germeny.
Name of Medical Attendant, or other Person who makes this Return.	Sarah. Jaspon
Address	52 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4/2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 23 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d "
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	"
3. Date of Birth	22d " January 1875.
4. Place of Birth (Street and Number)	164. E. Fayette St.
5. Full Name of Mother	Ellen Galt
6. Mother's Maiden Name	" Wamel.
7. Mother's Birthplace	United States
8. Full Name of Father	Murray Galt
9. Father's Occupation	Engraver
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cassier
Address	52 E Lombard St. "
Remarks	

RETURN OF A BIRTH.

4/3

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th "

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 23 " January 1875

4. Place of Birth (Street and Number) 155. E. Lombard St.

5. Full Name of Mother Eliza Hein

6. Mother's Maiden Name " Kronmiller

7. Mother's Birthplace Germany.

8. Full Name of Father Georg Hein

9. Father's Occupation Box-maker

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Sarah Carnen

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

474

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 23d 1875

4. Place of Birth (Street and Number) 25. S. Republican

5. Full Name of Mother Mary Leonard

6. Mother's Maiden Name Mary Carey

7. Mother's Birthplace Ireland

8. Full Name of Father Jas Leonard

9. Father's Occupation Machinist

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Edmd. J. Mitholland M.D.

Address 279. W. Lombard

Remarks

RETURN OF A BIRTH.

4/75

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2nd

1. *Sex (state whether ~~Male~~ or Female)* Female
2. *Race or Color (if not of the white race)* light Copper
3. *Date of Birth* Jan 23rd/75
4. *Place of Birth (Street and Number)* No 6 Calhoun Al
5. *Full Name of Mother* Mary ~~Boyer~~ Carroll
6. *Mother's Maiden Name* Mary Boyer
7. *Mother's Birthplace* Eastern Shore of Maryland
8. *Full Name of Father* Moses Carroll
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Doct R F Bohner

Address Dried Hill & Dolphin sts

Remarks In this Case there was Adherent Placenta I waited the usual time the took it away Woman doing well (F.B.)

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its br their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

476

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 23rd 1875

4. Place of Birth (Street and Number) Hyeandtown Balto. County

5. Full Name of Mother Elizabeth Rosendoll

6. Mother's Maiden Name Elizabeth Keefer

7. Mother's Birthplace Balto. City

8. Full Name of Father Frederick Rosendoll

9. Father's Occupation House Carpenter

10. Father's Birthplace Hannover Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Frey

Address 193 S Chester St Balto

Remarks Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4-77

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 23rd
4. *Place of Birth (Street and Number)* 272 Myrtle Ave
5. *Full Name of Mother* Ernestine Rowland
6. *Mother's Maiden Name* " Stevens
7. *Mother's Birthplace* Madisonville La
8. *Full Name of Father* William Rowland
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Cecil County Md

Name of Medical Attendant, or other Person who makes this Return. Philip C. Williams

Address 201 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1178

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, 3d, &c.)

1. *Sex* (~~state whether Male or~~ Female)
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Jan. 23d 1875
4. *Place of Birth* (Street and Number) No 113 Chesnut alley
5. *Full Name of Mother* Ellen Sheppard
6. *Mother's Maiden Name* Campbell
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Phillip Sheppard
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Dorsey

Address No 134 Orchard St.

Remarks

479

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 3 child

1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) White
3. Date of Birth January 23. 1875
4. Place of Birth (Street and Number) Columbia st 208
5. Full Name of Mother Sophia Leblul
6. Mother's Maiden Name Sophia Hammul
7. Mother's Birthplace Germany
8. Full Name of Father Peter Leblul
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Katharine Sebach

Address Wm. Lewith. St. 439.

Remarks Catharine Sebach

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

480

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth January 23th
4. Place of Birth (Street and Number) No 348 Durham St
5. Full Name of Mother Magaretha Heisner
6. Mother's Maiden Name Magaretha Burk
7. Mother's Birthplace ~~Carl~~ Germany
8. Full Name of Father Carl Heisner
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

481

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Negro
3. *Date of Birth* January 2 1875
4. *Place of Birth* (Street and Number) Morris Alley Court
5. *Full Name of Mother* Eliza Booze
6. *Mother's Maiden Name* Eliza Conney
7. *Mother's Birthplace* Eastern Shore Maryland
8. *Full Name of Father* Lewis J. Booze
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balt City

Name of Medical Attendant or other Person who makes this Return. Mahuny Brown MD

Address 201 N. Biddle St

Remarks Child still born

482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child "

1. Sex (state whether Male or Female) Female " " " "
2. Race or Color (if not of the white race) White " " " "
3. Date of Birth January 23d at 2 oct "
4. Place of Birth (Street and Number) North Eden No 420 "
5. Full Name of Mother Mrs. Katie Birmingham "
6. Mother's Maiden Name Miss Katie Yeun " "
7. Mother's Birthplace Baltimore City Md "
8. Full Name of Father Mr. Andrew Birmingham "
9. Father's Occupation Cow Maker " "
10. Father's Birthplace Baltimore City Md "

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

483 283

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE FEB

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Thro 23 of January 1875
4. *Place of Birth (Street and Number)* Franck st 249
5. *Full Name of Mother* Maggie Lipsner
6. *Mother's Maiden Name* Maggie Keil
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Lipsner
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Deana Hillegeist

Address 182 Monument st

Remarks

484

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~) First

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) Black
3. Date of Birth January 23rd 2.15 A.M.
4. Place of Birth (Street and Number) 13 High Alley
5. Full Name of Mother Annie Finnie "age 17 years"
6. Mother's Maiden Name Annie Finnie
7. Mother's Birthplace St Marys County Md.
8. Full Name of Father Minnie Jackson
9. Father's Occupation Sailor
10. Father's Birthplace Unknown

Name of Medical Attendant, or other Person who makes this Return. A Troyo Shertzer MD.

Address 117 East Baltimore St

Remarks Infant "Perfectly healthy." In labor 4 hours.

This interesting couple are not married.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 23d 1875

4. Place of Birth (Street and Number) Cor Fremont & Mosher sts

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE.

5. Full Name of Mother Kate Bruhn

6. Mother's Maiden Name " Lafferty

7. Mother's Birthplace Baltimore City

8. Full Name of Father Henry Bruhn

9. Father's Occupation Store-Keeper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. James A Stewart MD

Address 93 Park av

Remarks Natural. Three hours in labor.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

486

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The first child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* the 22d January 10 o'clock P. M.
4. *Place of Birth* (Street and Number) No 31 Barnes Inlet
5. *Full Name of Mother* Josephine Kircott
6. *Mother's Maiden Name* Josephine Janushka
7. *Mother's Birthplace* Wellestitz (Bohoemia)
8. *Full Name of Father* Antan B. Kircott
9. *Father's Occupation* Bohemian & English Interpeter
10. *Father's Birthplace* Sadejhof (Bohemia)

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address No. 20. Barnes St Baltimore Md

Remarks None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

487

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the second child

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* the 20 of January 4 o'clock P. M.
4. *Place of Birth* (Street and Number) 47 Barnes St
5. *Full Name of Mother* Antonia Jelinek
6. *Mother's Maiden Name* Antonia Kranda
7. *Mother's Birthplace* Nalicz Bohemia
8. *Full Name of Father* Josef Jelinek
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kovarov Bohemia

Name of Medical Attendant, or other Person who makes this Return. Joachim Conrad

Address No 20 Barnes St Balto Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1188

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 20 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 23. 1875
4. *Place of Birth (Street and Number)* 188 Lexington St
5. *Full Name of Mother* Emma Gutt
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Emil Gutt
9. *Father's Occupation* Candy Manufacturer
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Henrietta Gardner

Address 161 Schroeder St

Remarks Natural birth

RETURN OF A BIRTH.

489

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 23rd 1875
4. *Place of Birth* (Street and Number) Baltimore Hampstead St. No 33
5. *Full Name of Mother* Wilhelmine Hellmeyer
6. *Mother's Maiden Name* Wilhelmine König
7. *Mother's Birthplace* Selmhorst. Pr. Preussen Germania
8. *Full Name of Father* Conrad Hellmeyer
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Westlingen Pr. Preussen Germania

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 23rd 1875
4. Place of Birth (Street and Number)	320 N. Gay st Baltimore City
5. Full Name of Mother	Caroline McCaddin.
6. Mother's Maiden Name	Caroline Nitzel
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Robt. J. McCaddin
9. Father's Occupation	Coal Oil Refiner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm. A. J. Christ
Address	129 E. Monument st
Remarks	Baltimore City

491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 23
4. Place of Birth (Street and Number) Baltimore st No 36
5. Full Name of Mother Minia Fate
6. Mother's Maiden Name Minia Shafer
7. Mother's Birthplace Hamburg
8. Full Name of Father Gustav Fate
9. Father's Occupation none
10. Father's Birthplace Hamburg

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 72 Granby st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

492

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 23rd 1875
4. *Place of Birth (Street and Number)* 122 Chesapeake Str
5. *Full Name of Mother* Martha Jane Shinnick
6. *Mother's Maiden Name* Martha Jane Eskridge
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Jacob Andr. Holt Shinnick
9. *Father's Occupation* Iron worker
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 114 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

493

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d "
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	23 d Jan 1875
4. Place of Birth (Street and Number)	15. E. Lombard St.
5. Full Name of Mother	Mina Schulenberg
6. Mother's Maiden Name	" Spengler
7. Mother's Birthplace	U. Staats.
8. Full Name of Father	Henry Schulenberg
9. Father's Occupation	former
10. Father's Birthplace	U. Staats.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

494

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 24th 1875
4. Place of Birth (Street and Number)	51 Portland St
5. Full Name of Mother	Maria Edeler
6. Mother's Maiden Name	Maria Berger
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Edeler
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Lübbecke Prussia
Name of Medical Attendant, or other Person who makes this Return.	Annie Riesenzeil (Midwife)
Address	214 Preston St
Remarks	

RETURN OF A BIRTH.

495

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 24th 75
4. Place of Birth (Street and Number)	182 Fremont St
5. Full Name of Mother	Lucy A. Wilson
6. Mother's Maiden Name	Lucy A Barker
7. Mother's Birthplace	Balto City
8. Full Name of Father	Andrew J Wilson
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Wm J Pennington M.D.
Address	210 Trinkle St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee [illegible] of Vital Statistics of the City of Baltimore.

RETURN OF A BIRTH.

496

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	24th January.
4. Place of Birth (Street and Number)	242 Eastern Avenue.
5. Full Name of Mother	Sophia C. E. Will.
6. Mother's Maiden Name	Garner.
7. Mother's Birthplace	Brunswick.
8. Full Name of Father	John Will.
9. Father's Occupation	Baker.
10. Father's Birthplace	Hamburg at the Oppe.
Name of Medical Attendant, or other Person who makes this Return.	Chas C Brendel
Address	No 208 South Bond Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

497

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January Sunday 24th 1875
4. Place of Birth (Street and Number)	214 Canton Avenue
5. Full Name of Mother	Auguste Knaup
6. Mother's Maiden Name	Auguste Meurer
7. Mother's Birthplace	Germany (Saxonia)
8. Full Name of Father	August Friedrich Knaup
9. Father's Occupation	Salesman
10. Father's Birthplace	Germany (Bremen)
Name of Medical Attendant, or other Person who makes this Return.	Chas G. Brendel
Address	220 South Bond Sti
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

498

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	24th January
4. Place of Birth (Street and Number)	53 Centre Market Space
5. Full Name of Mother	Ellen Meara
6. Mother's Maiden Name	Ellen Cleary
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jos. P. Meara
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ulrey
Address	No 48 Holland St Baltimore
Remarks	

RETURN OF A BIRTH.

499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 24th 1875, 10.15 P.M.
4. Place of Birth (Street and Number)	562 Aisquith St
5. Full Name of Mother	Virginia Edelman
6. Mother's Maiden Name	Gordon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philip J. Edelman
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Henry T. Reynolds M.D.
Address	186 Aisquith St.
Remarks	Forceps Delivery

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

500

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth January 24th 1875
4. Place of Birth (Street and Number) 353 West Lombard St.
5. Full Name of Mother A. Kirschbaum
6. Mother's Maiden Name A. Hamback
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John C. Kirschbaum
9. Father's Occupation Confectioner
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. ~~Ima~~ Anna Damler

Address No 60 Stroter St

Remarks

RETURN OF A BIRTH.

501

HEALTH DEPARTMENT
FEB 17
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th & 11 / 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 24th 1875.
4. Place of Birth (Street and Number)	115 S. Charles St
5. Full Name of Mother	Ellen Murphy
6. Mother's Maiden Name	Ellen Scanlon
7. Mother's Birthplace	Ireland
8. Full Name of Father	Frances P. Murphy
9. Father's Occupation	Sailmaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dr. G. Glanville Rusk
Address	394 E. Balt. St.
Remarks	Breech Presentation

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

502

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th January 1875
4. *Place of Birth (Street and Number)* 87 Barre St
5. *Full Name of Mother* Sallie Prout
6. *Mother's Maiden Name* Brass
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* — Prout
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. J H W Webster

Address 57 Barre

Remarks

RETURN OF A BIRTH.

503.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child of children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE FEB 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th of January 1875
4. *Place of Birth (Street and Number)* 185 East Baltimore st
5. *Full Name of Mother* Emma Laudte
6. *Mother's Maiden Name* Emma Schalbach
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Anton Laudte
9. *Father's Occupation* Confectanary
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Diana Hillegeist

Address 182 Monument St

Remarks

RETURN OF A BIRTH.

304

) To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Janry 24th 1875
4. Place of Birth (Street and Number)	236 Walsh street
5. Full Name of Mother	Lizzie Price
6. Mother's Maiden Name	Lizzie Hopkins
7. Mother's Birthplace	Maryland
8. Full Name of Father	Edward Price
9. Father's Occupation	Bank Clerk
10. Father's Birthplace	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return.	H Darling M D
Address	143 Mulberry Street
Remarks	Vertex presentation. Duration of labor seven hours

505

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 26 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 d
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 of January 1874
4. Place of Birth (Street and Number)	55. & Castle Street
5. Full Name of Mother	Margerethe Kiesel
6. Mother's Maiden Name	Marg. Düming
7. Mother's Birthplace	Hersdorf Bavaria
8. Full Name of Father	August Kiesel
9. Father's Occupation	Tailor
10. Father's Birthplace	Bromsche Hanover
Name of Medical Attendant, or other Person who makes this Return.	Marianna Lederer
Address	23 Durham Street
Remarks	

506

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sunday Jany 24th 1875.
4. Place of Birth (Street and Number)	163. W Lombard Street
5. Full Name of Mother	Sarah Johnson.
6. Mother's Maiden Name	Sarah McClintock
7. Mother's Birthplace	New York City
8. Full Name of Father	Edward Johnson
9. Father's Occupation	Leathersplitter
10. Father's Birthplace	Mass.
Name of Medical Attendant, or other Person who makes this Return.	S W Feldner M.D.
Address	Resd Physician
Remarks	Md Lying In Hospital of the College of Physicians & Surgeons.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 24th 1875 at 9 P.M.
4. Place of Birth (Street and Number)	334 E. Lombard st.
5. Full Name of Mother	Elizabeth Barbara Cullen
6. Mother's Maiden Name	Elizabeth Barbara Fleishell
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm. Thomas Cullen
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. Lawson Wilkins M.D.
Address	6 E. S. Broadway
Remarks	

RETURN OF A BIRTH.

508

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sunday Feby 14th 1875.
4. Place of Birth (Street and Number)	16 E Lombard Street
5. Full Name of Mother	Maggie Grady.
6. Mother's Maiden Name	do
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Dr Fitzpatrick
Address	Resd Physician
Remarks	Md Lying In Asylum of the College of Physicians & Surgeons

RETURN OF A BIRTH.

509

HEALTH DEPARTMENT
FEB
13
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th January 1875.
4. *Place of Birth (Street and Number)* 425 E. Fallsw. Baltimore City.
5. *Full Name of Mother* Susanna J. Mc Mullen.
6. *Mother's Maiden Name* Susanna J. Blades
7. *Mother's Birthplace* Wolf St. Baltimore City
8. *Full Name of Father* William C. Mc Mullen
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 219 S. Broadway

Remarks

RETURN OF A BIRTH.

510
x
511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Twin Daughters
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 24th
4. Place of Birth (Street and Number)	West St 263
5. Full Name of Mother	Mrs. Susie Brooke
6. Mother's Maiden Name	Susie Carson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Brooke
9. Father's Occupation	Ship Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary McGuire
Address	Russell St No 70.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

512

HEALTH DEPARTMENT
JAN 28 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the seventh child 1

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* the 24th of January 6 o'clock P.M.
4. *Place of Birth* (Street and Number) 40. Barnes Str
5. *Full Name of Mother* Baby Folker
6. *Mother's Maiden Name* Baby Flick
7. *Mother's Birthplace* Seise. Brewerin.
8. *Full Name of Father* Marcilius Folker
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Borbach Brewerin.

Name of Medical Attendant, or other Person who makes this Return. Josefine Konrad

Address No 20. Barnes Str. Balto MD.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Four —

1. *Sex* (state whether Male or Female) Female —
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 24th 1876
4. *Place of Birth* (Street and Number) 640 W Baltimore St —
5. *Full Name of Mother* Charlotte Speir —
6. *Mother's Maiden Name* Charlotte Grieser
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Maurice Speir —
9. *Father's Occupation* Merchant —
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. W. S. Rigsby M.D.

Address 645 W Baltimore St —

Remarks

514

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th day of January 1875
4. Place of Birth (Street and Number)	96 N. Caroline Street
5. Full Name of Mother	Cindrella Walter
6. Mother's Maiden Name	Cindrella Lynch
7. Mother's Birthplace	Somerset County Maryland
8. Full Name of Father	Joseph L. Walter
9. Father's Occupation	Collector
10. Father's Birthplace	Baltimore City Maryland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Ann Butt
Address	S. W. Corner Central Avenue and Monument Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~276~~
515

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
27
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9. Kind

1. Sex (state whether Male or Female) Männlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 24. Januar
4. Place of Birth (Street and Number) No. 2 Mifflin alley
5. Full Name of Mother Anna Maria Rohr
6. Mother's Maiden Name Anna Maria Rohr
7. Mother's Birthplace Maryland in Baltimore
8. Full Name of Father Christoph Rohr
9. Father's Occupation Zimmermann
10. Father's Birthplace in Altenstadt Hessen.

Name of Medical Attendant, or other Person who makes this Return. Wm. Heinrich Müller.

Address

Remarks

516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth January 24th 1875
4. Place of Birth (Street and Number) Shapperroad No. 1 Baltimore
5. Full Name of Mother Katharina Maier
6. Mother's Maiden Name Katharine Liebach
7. Mother's Birthplace Niederbriesheim K. Preussen Germania
8. Full Name of Father Heinrich Meier
9. Father's Occupation none
10. Father's Birthplace Harle. K. Preussen Germania

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

517

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Jan 24th 1876
4. Place of Birth (Street and Number) 12 McCleddy st.
5. Full Name of Mother Harriet Matilda Nippard.
6. Mother's Maiden Name Stroughn
7. Mother's Birthplace Kent Co Md.
8. Full Name of Father John Nippard.
9. Father's Occupation Plaster.
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter.

Address 125 North Carolina Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

318

HEALTH DEPARTMENT JAN 1 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 24th 1875
4. *Place of Birth (Street and Number)* S. E. Cor of Shark & Lee
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* William Lyons
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who make this Return. Geo. H. Denson M.D.

Address 144 Hanover St

Remarks Dr. Patterson of St Paul St will make return of Particulars

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

519

HEALTH DEPARTMENT JAN 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White American
3. Date of Birth	Jan 24th 1875
4. Place of Birth (Street and Number)	102 Whiteny Av
5. Full Name of Mother	Clara D. Edwards
6. Mother's Maiden Name	" Chambers
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Edward J. Edwards
9. Father's Occupation	Clerk 2nd Branch City Council
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Geo. W. Denson M D
Address	1101 Hanover St Balto Md
Remarks	Right Foot Presentation

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

520

HEALTH DEPARTMENT JAN 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 24th January 875

4. Place of Birth (Street and Number) 243 Dallas St.

5. Full Name of Mother Bernardine Blankner

6. Mother's Maiden Name " Bauer

7. Mother's Birthplace Germany.

8. Full Name of Father Peter Blankner

9. Father's Occupation Tayler

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah. Jasper

Address 52 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

521

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24th January 875
4. Place of Birth (Street and Number)	40. forest St.
5. Full Name of Mother	Hetty Rosenthal
6. Mother's Maiden Name	Heimer
7. Mother's Birthplace	Russia
8. Full Name of Father	Jacob Rosenthal
9. Father's Occupation	Taylor
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jaspen
Address	52 E. Lombard St.
Remarks	

522

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

hild of Mother (state whether 1st, 2d, 3d, &c.)	4
ate whether Male or Female)	Männlich
r Color (if not of the white race)	Weiß
f Birth	24
of Birth (Street and Number)	Schahlstritt 326
ame of Mother	Henrifeth Wocht
's Maiden Name	Henrifeth Hahl
's Birthplace	Walteckschen
ame of Father	Christ Wocht
's Occupation	Schuster
's Birthplace	Walteckschen
of Medical Attendant, or other Person who makes this Return.	Catharina Münch
ss	Leatenhal Stritt 74
ks	

RETURN OF A BIRTH.

523

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Jan~~ 5 days mother age 25

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Jan 24th 2 o'clock 1875
4. Place of Birth (Street and Number) H. Alley
5. Full Name of Mother Mrs Annie Weeks Married to Richert Mooney
6. Mother's Maiden Name Mrs Annie Weeks
7. Mother's Birthplace Tolousantown
8. Full Name of Father Richert Mooney
9. Father's Occupation Chemeciel Factory Fyson Co.
10. Father's Birthplace Dogless st

Name of Medical Attendant, or other Person who makes this Return. Sofie Hiens

Address No 135 Chesnut st

Remarks Meedwife Sofie Hiens 135 Chesnut

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5244

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 24th 75
4. Place of Birth (Street and Number)	Beach Hill S of Franklin W of Gilmor
5. Full Name of Mother	Genevere Watts
6. Mother's Maiden Name	Genevere Dillaway
7. Mother's Birthplace	Balto City.
8. Full Name of Father	Geo. C. Watts.
9. Father's Occupation	Tinner & Sheet Iron Worker
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John D Pennington M.D.
Address	210 Franklin St
Remarks	

RETURN OF A BIRTH.

525

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	25th January 1875
4. Place of Birth (Street and Number)	30. Granbery St.
5. Full Name of Mother	Christine Runkenheimer
6. Mother's Maiden Name	Gebhard
7. Mother's Birthplace	Germany.
8. Full Name of Father	Peter Runkenheimer
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

526

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child. Premature 6/2 mos

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 25th /5
4. Place of Birth (Street and Number) 70 N Carey St at Residence of Mr Edmonds
5. Full Name of Mother Rachel E. Adams
6. Mother's Maiden Name Sally Jones
7. Mother's Birthplace Sharpesburg Va
8. Full Name of Father Charles Adams
9. Father's Occupation Waiter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. A H Safton. MD

Address Lexington Ave

Remarks Premature birth, 6/2 months, lived 3 days

527

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth January 25th 1875.
4. Place of Birth (Street and Number) 415 W Baltimore Sd.
5. Full Name of Mother Mary E. Heeser
6. Mother's Maiden Name Mary E. Shaw
7. Mother's Birthplace Baltimore County.
8. Full Name of Father Charles Heeser.
9. Father's Occupation Shoe Manufactured.
10. Father's Birthplace Germaney

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer M.D.

Address 273 W Lexington Sd.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

528

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Jan 25th 1875
4. Place of Birth (Street and Number) 16 N. Caroline St.
5. Full Name of Mother Rebecca Feig
6. Mother's Maiden Name Rebecca Buchman
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Joseph Feig.
9. Father's Occupation Tailor.
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Walter.

Address 125 North Caroline St.

Remarks

529

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 25th 1875
4. Place of Birth (Street and Number)	German St No. 232
5. Full Name of Mother	Mary F Scott
6. Mother's Maiden Name	Mary F Linthicum
7. Mother's Birthplace	Annapolis Md
8. Full Name of Father	James H Scott
9. Father's Occupation	Brick-mason
10. Father's Birthplace	Annapolis Md
Name of Medical Attendant, or other Person who makes this Return.	E Goverbey M.D.
Address	512 W Balto St
Remarks	Return made January 27th 1875

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 2 d. Child
1. Sex (state whether Male or Female)	a Daughter.
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 th of Jan. 1875
4. Place of Birth (Street and Number)	N° 753 Light st.
5. Full Name of Mother	Cathern Mc. Nany.
6. Mother's Maiden Name	" Brandt.
7. Mother's Birthplace	America.
8. Full Name of Father	Michel Mc. Nany.
9. Father's Occupation	Bricks Moulder.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Julie Schwasser Midwife
Address	No 213 Cross st.
Remarks	

RETURN OF A BIRTH.

531

To the Office of Registrar of Vital Statistics; Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
25
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 25th 1875
4. *Place of Birth (Street and Number)* 45 S. Bond st
5. *Full Name of Mother* Elizabeth Agnes Goshell
6. *Mother's Maiden Name* " " Arthurs
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Henry Goshell
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Philip C. Williams

Address 201 Madison Ave

Remarks

532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth brone 25 Janure
4. Place of Birth (Street and Number) Estrewure ant Mo 159
5. Full Name of Mother Barlin Hamat
6. Mother's Maiden Name Hamber
7. Mother's Birthplace Baiher
8. Full Name of Father Rasber Amat
9. Father's Occupation Laber
10. Father's Birthplace Baber

Name of Medical Attendant, or other Person who makes this Return. My. C. Brendel

Address No 200 South Bond Str

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That ahy physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

533

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 25th 1875
4. Place of Birth (Street and Number)	354 Eastern Ave.
5. Full Name of Mother	Margaret J. Hunter
6. Mother's Maiden Name	Margaret J. Ely
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Hunter
9. Father's Occupation	Moulder
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	James F. McShane
Address	254 Eastern Ave
Remarks	

534

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 January 1875
4. Place of Birth (Street and Number)	52 Elliott St Canton
5. Full Name of Mother	Margret Shefiline
6. Mother's Maiden Name	Margret Seibert
7. Mother's Birthplace	Germany
8. Full Name of Father	John Shefiline
9. Father's Occupation	Black Smith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address	102 Curley St Canton
Remarks	

RETURN OF A BIRTH.

535

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	2 one
(state whether Male or Female)	Male
or Color (if not of the white race)	White
of Birth	Jan'y 25th 1875
of Birth (Street and Number)	198 Conway St.
Name of Mother	Susan B. Mouring
r's Maiden Name	nee Thornton
r's Birthplace	Gloucester Co. Va
Name of Father	Wm C. Mouring
r's Occupation	Comn Merchant
r's Birthplace	Gloucester Co. Va
e of Medical Attendant, or other Person who makes this Return.	R. C. Lee
ress	N. W. Cor Hanover & Barre sts
arks	Robust

536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25 day Jany 1875
4. Place of Birth (Street and Number) Front No. 56
5. Full Name of Mother Georgie Scott
6. Mother's Maiden Name " Elliott
7. Mother's Birthplace Balo Md
8. Full Name of Father Wm R Scott
9. Father's Occupation Huckster
10. Father's Birthplace Queen Ann Co Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address St Paul & Franklin

Remarks Balo Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physicinn, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

537

HEALTH DEPARTMENT
FEB
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* January 25 1875
4. *Place of Birth* (Street and Number) No 214 Eutaw Street Balt
5. *Full Name of Mother* Barbara Lankford
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Lankford
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 11 Burgundy Alley

Remarks

RETURN OF A BIRTH.

538

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Jan 25th 1875
4. *Place of Birth* (Street and Number)	No 187 German St
5. *Full Name of Mother*	Mina Nachman
6. *Mother's Maiden Name*	Mina Heyman
7. *Mother's Birthplace*	Bavaria
8. *Full Name of Father*	Henry Nachman
9. *Father's Occupation*	Cattle Dealer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St.
Remarks	Child Healthy —

539

HEALTH DEPARTMENT FEB 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) John Henry Warren
2. Race or Color (if not of the white race) White
3. Date of Birth January 25 1875
4. Place of Birth (Street and Number) 352 W. Pratt St Baltimore
5. Full Name of Mother Annie Mattie
6. Mother's Maiden Name Annie Warren
7. Mother's Birthplace County South Ireland
8. Full Name of Father Patrick [illegible] Warren
9. Father's Occupation Piddler ~~County Roscommon Ireland~~
10. Father's Birthplace County Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return. Katharina Vinbach

Address West Pratt St 437 Catha Seebach

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

540

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* January the 25th 1875
4. *Place of Birth* (Street and Number) No 169 E. Central Ave.
5. *Full Name of Mother* Mary E. Deaver.
6. *Mother's Maiden Name* Mary E. Maguetta
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* George C. Deaver.
9. *Father's Occupation* —
10. *Father's Birthplace* Philadelphia Pa.

Name of Medical Attendant or other Person who makes this Return. Mrs. M. A. Bull.

Address 209 N Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

549

HEALTH DEPARTMENT
FEB 2 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 25th 1875
4. *Place of Birth (Street and Number)* 117. East Biddle Street
5. *Full Name of Mother* Catherine Barbara Müller
6. *Mother's Maiden Name* Catherine Barbara Klett.
7. *Mother's Birthplace* Loellingen by Durlach
8. *Full Name of Father* John Adam Müller.
9. *Father's Occupation*
10. *Father's Birthplace* Schallmanshausen, Thüringen Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Ball.

Address 209. Monument St. Cor. Central Ave.

Remarks

RETURN OF A BIRTH.

542

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth January 25th 1875

4. Place of Birth (Street and Number) 674 West Balto St.

5. Full Name of Mother Lina Stumpf

6. Mother's Maiden Name Lina Hinritz

7. Mother's Birthplace Balto. Md.

8. Full Name of Father Fred Stumpf

9. Father's Occupation Lager Beer Saloon

10. Father's Birthplace Schwaben Würtemberg

Name of Medical Attendant, or other Person who makes this Return. Anna Dumler

Address No 60 S Shorter St

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

543

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the tenth child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth January 25 1875

4. Place of Birth (Street and Number) 666 West Baltimore St.

5. Full Name of Mother Charlot Bringmann

6. Mother's Maiden Name ~~Bringmann~~ Charlot Brandau

7. Mother's Birthplace ~~William Bringmann~~ Germany

8. Full Name of Father William Bringmann

9. Father's Occupation Cigar Manufacturer

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Anna Dumler

Address 60 North Shaeffer St

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 25th
4. Place of Birth (Street and Number)	150 N. Caroline Street
5. Full Name of Mother	Glendora D. Mc. Knight
6. Mother's Maiden Name	Glendora D. Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William H. Mc Knight
9. Father's Occupation	Supposed Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. W. Simpson M. D.
Address	177 Madison St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

545

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 January 1875
4. Place of Birth (Street and Number)	210 75 East St
5. Full Name of Mother	Mary Scott
6. Mother's Maiden Name	Mary Taylor
7. Mother's Birthplace	~~Maryland~~ Baltimore
8. Full Name of Father	Moses Scott
9. Father's Occupation	Clerk
10. Father's Birthplace	~~Maryland~~ Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 N. Liberty St.
Remarks	

RETURN OF A BIRTH.

546

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

ex (state whether Male or Female) Male

Race or Color (if not of the white race) Colored

Date of Birth 25th January 1875

Place of Birth (Street and Number) Norwoods Ct (No number)

Full Name of Mother Sarah Dill

Mother's Maiden Name " Walker

Mother's Birthplace Laurens Co. South Carolina

Full Name of Father Aaron Dill

Father's Occupation Laborer

Father's Birthplace Same Co

Name of Medical Attendant, or other Person who makes this Return. W W Gretton

Address 192 Park St

Remarks

RETURN OF A BIRTH.

547

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 26 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7. d
1. Sex (state whether Male or Female)	girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 25th 1875
4. Place of Birth (Street and Number)	155 Aliceanna Street
5. Full Name of Mother	Margeretha Schöll
6. Mother's Maiden Name	" " Propster
7. Mother's Birthplace	Friesladt Baveria
8. Full Name of Father	Joseph Schöll
9 Father's Occupation	Laborer
10. Father's Birthplace	Furchheim Baveria
Name of Medical Attendant, or other Person who makes this Return.	Mariama Lederer
Address	23 Durham Street
Remarks	

548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) unknown

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) colored (Mulatto)

3. Date of Birth Jan 25th " probably

4. Place of Birth (Street and Number) Found on Park Ave near Tyson Alley

5. Full Name of Mother unknown

6. Mother's Maiden Name "

7. Mother's Birthplace "

8. Full Name of Father "

9. Father's Occupation "

10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M D Coroner M P Dist

Address 180 Linden Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 25th 1875 at 3 20 A M.
4. Place of Birth (Street and Number)	S. E. Cor. Bethel and Platt Sts.
5. Full Name of Mother	Sarah Amelia Dickey
6. Mother's Maiden Name	Sarah Amelia Jackson
7. Mother's Birthplace	Talbot Co. Md.
8. Full Name of Father	Wyntoop Stitz Dickey
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Philadelphia Pa.
Name of Medical Attendant, or other Person who makes this Return.	G Lawson Wilkins M.D
Address	69 So. Broadway
Remarks	

550

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) One Male

2. Race or Color (if not of the white race) White

3. Date of Birth 25th January.

4. Place of Birth (Street and Number) Castle St Bt Madison & Crew.

5. Full Name of Mother Lizetta Valentine

6. Mother's Maiden Name " Rüpling

7. Mother's Birthplace Germany

8. Full Name of Father Anton Valentine

9. Father's Occupation Pork Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Margrosa Rüdiger

Address 1340 Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

551

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First "

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jany 25th 1875
4. *Place of Birth (Street and Number)* 1331 N. Eden st.
5. *Full Name of Mother* Eva Ewins
6. *Mother's Maiden Name* " Shepherd
7. *Mother's Birthplace* West River Md. Anne Arundel Co.
8. *Full Name of Father* Joseph Ewins
9. *Father's Occupation* Lumber Merchant
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.

Address # 305 N. Caroline St

Remarks Baltimore Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

557
552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	25 Jan. 1877
4. Place of Birth (Street and Number)	10 Chapel St
5. Full Name of Mother	Margareth Fisher
6. Mother's Maiden Name	Margareth Abrich
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Fisher
9. Father's Occupation	Laborer
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Paca St
Remarks	

HEALTH DEPARTMENT 1877 BALTIMORE.

RETURN OF A BIRTH.

553

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

hild of Mother (state whether 1st, 2d, 3d, &c.) 4 Children

tate whether Male or Female) Male

or Color (if not of the white race) Withe

f Birth Janery 25

of Birth (Street and Number) Johnson St N 49.

Name of Mother Suraned Dalon

's Maiden Name Surand Mc Colough

's Birthplace West verginia Tylersa

Name of Father James Frayais Dolen

's Occupation Machinert

's Birthplace Vermont

of Medical Attendant, or other Person who makes this Return. Mrs. Martin

ss 128 West. St.

ks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

554

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 25th/75
4. Place of Birth (Street and Number)	Canton Ave No. 402
5. Full Name of Mother	Mary Smith
6. Mother's Maiden Name	Mary Groth
7. Mother's Birthplace	Hessen Darmstad
8. Full Name of Father	Martin Smith
9. Father's Occupation	Printer
10. Father's Birthplace	Saxony.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte Midwife
Address	No. 320 Alice Anna st. City
Remarks	~~~~

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

555

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* ~~February~~ 25th 1875. January
4. *Place of Birth* (Street and Number) No. 8 New Church St.
5. *Full Name of Mother* Hester Adkins.
6. *Mother's Maiden Name* Hester Wilson.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John H. Adkins.
9. *Father's Occupation* Waiter.
10. *Father's Birthplace* Virginia.

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger.

Address 23 N. Liberty St.

Remarks

RETURN OF A BIRTH.

536

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

ild of Mother (state whether 1st, 2d, 3d, &c.) 2 Children

ate whether Male or Female) Female

r Color (if not of the white race) Witte

f Birth 25 Genevery

of Birth (Street and Number) Williamson St N. 12

Name of Mother Cathrine Grubbs

's Maiden Name Cathrine Evers.

's Birthplace Baltimore

Name of Father James R Grubbs

's Occupation Oradler Seller

's Birthplace Baltimore

of Medical Attendant, or other Person who makes this Return. Mrs Martin

ss West St 128

ks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th January 1875
4. Place of Birth (Street and Number)	No 278 Eutaw St
5. Full Name of Mother	Hildegard Müssel
6. Mother's Maiden Name	" Forchel
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Müssel
9. Father's Occupation	Former
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Gelghi
Address	No 32 Bethel St
Remarks	

538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3tes Chile

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth January 26th 1875.
4. Place of Birth (Street and Number) E. Lombard St. No, 171. Baltimore
5. Full Name of Mother Auguste Petri
6. Mother's Maiden Name Auguste Fischer
7. Mother's Birthplace Baltimore Citti
8. Full Name of Father George Petri.
9. Father's Occupation Backer
10. Father's Birthplace Ortenberg Gr. Hessen Germania

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No, 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

339

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT JAN 20 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* Jan. 26th 1876.
4. *Place of Birth* (Street and Number) No 356 North Gay st.
5. *Full Name of Mother* Mary Watkins
6. *Mother's Maiden Name* Mary Saulsbo.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Oliver Watkins.
9. *Father's Occupation* Tinner.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Wm Watts.

Address 125 North Caroline st.,

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

560

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
29
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 26th.
4. Place of Birth (Street and Number)	125 Conway St.
5. Full Name of Mother	Catharine Furst
6. Mother's Maiden Name	— Heimaller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George I. Furst
9. Father's Occupation	Cigarbox Manufacturer
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	H. Albers M D
Address	95 S. Sharp St.
Remarks	

561

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 4th Child
1. Sex (state whether Male or Female)	a Daughter
2. Race or Color (if not of the white race)	White.
3. Date of Birth	26th of Jan. 1875
4. Place of Birth (Street and Number)	No 754 Light st.
5. Full Name of Mother	Cristine Hille.
6. Mother's Maiden Name	" Kern.
7. Mother's Birthplace	~~&~~ Germana.
8. Full Name of Father	John Hille.
9. Father's Occupation	Milk dairy.
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	Julie Lohwasser. Midwife
Address	No 213 Cross st.
Remarks	

562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 January 1875
4. Place of Birth (Street and Number)	120 Chesapeake Street Canton
5. Full Name of Mother	Cassie A Bayard
6. Mother's Maiden Name	Cassie A Gabbles
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Robert Bayard
9. Father's Occupation	Iron Worker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address	104 Curley Street Canton
Remarks	

363

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 17 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 26th 1875.
4. *Place of Birth (Street and Number)* # 183 S Durham St. F. P.
5. *Full Name of Mother* Sarah Cunningham.
6. *Mother's Maiden Name* Sarah Brooks
7. *Mother's Birthplace* America
8. *Full Name of Father* A. Cunningham
9. *Father's Occupation* Machinist
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Lamms.

Address # 178 S Chapel St. F. P.

Remarks

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

564

HEALTH DEPARTMENT FEB 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th January
4. Place of Birth (Street and Number)	S. E. Cor. Asquith & Federal sts
5. Full Name of Mother	Mrs Isabella Young
6. Mother's Maiden Name	Isabella Brown
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Young
9. Father's Occupation	Laborer
10. Father's Birthplace	Kentucky
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anna Regina Winters
Address	174 Hanford ave
Remarks	the same

565

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26th January. 1875.
4. Place of Birth (Street and Number) Belair. road. Offdet. S. Park.
5. Full Name of Mother Elizabethe Herrmann
6. Mother's Maiden Name Elizabeth Arias
7. Mother's Birthplace Niederkeinsbach
8. Full Name of Father Jacob Herrmann.
9. Father's Occupation —
10. Father's Birthplace Duntzenhins

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Ar Bald

Address 209 S. W. Corner. Central Av. Monument. Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 26th 75
4. Place of Birth (Street and Number)	2 Bolton Alley
5. Full Name of Mother	Mary Ann Rupp
6. Mother's Maiden Name	" Myers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Rupp
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. D. Booker M.D.
Address	1243 N Eutaw St
Remarks	

HEALTH DEPARTMENT
FEB
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth 26 Jan 75
4. Place of Birth (Street and Number) N. Mount- Mt. Fayette
5. Full Name of Mother Anne Eliza Stevens
6. Mother's Maiden Name
7. Mother's Birthplace Md.
8. Full Name of Father Joseph. Stevens
9. Father's Occupation Saddler
10. Father's Birthplace Cabrit Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Jno. R. Quinan

Address Cor. Hoffman & Gilmor

Remarks

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

RETURN OF A BIRTH.

568

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 26th 75.
4. Place of Birth (Street and Number)	N. Front St 267
5. Full Name of Mother	Elizabeth Ahart
6. Mother's Maiden Name	Mc Connell.
7. Mother's Birthplace	Ireland
8. Full Name of Father	A. John Ahart.
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John G. Day M.D.
Address	Cor Park Ave & Mulberry St.
Remarks	Child living & healthy.

569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 54

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 26
4. Place of Birth (Street and Number) Walnut Alley 211
5. Full Name of Mother Hannah Frisby
6. Mother's Maiden Name Hannah Rosalie Bowen
7. Mother's Birthplace Frickrick County
8. Full Name of Father ~~Hal~~ Henry Frisby
9. Father's Occupation Grain Measure
10. Father's Birthplace Harford County

Name of Medical Attendant, or other Person who makes this Return. Jenny Sutton

Address 54 St Mary St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 6 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 26
4. Place of Birth (Street and Number)	No 4 Bruce St
5. Full Name of Mother	Mary Munk
6. Mother's Maiden Name	Mary Blum
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John A Munk
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Arnold Lindner
Address	No 45 Monroe St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

571

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st Mo 26th 1875
4. *Place of Birth (Street and Number)* 40 Lexington St.
5. *Full Name of Mother* Lucy H. Welbourne.
6. *Mother's Maiden Name* Lucy H. Armistead
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* J. H. Welbourne.
9. *Father's Occupation* Merchandize Broker
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Wm Riley 47 Lexington St.

Address

Remarks

572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	26 Jan. 1875
4. *Place of Birth* (Street and Number)	176 Caroline St
5. *Full Name of Mother*	Cristina Fulop
6. *Mother's Maiden Name*	Cristina Flack
7. *Mother's Birthplace*	Germania
8. *Full Name of Father*	Peter Fulop
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germania
Name of Medical Attendant, or other Person who makes this Return.	Wm E. Burkmann
Address	120 Bank
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

373

HEALTH DEPARTMENT
JAN
29
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 d

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) Female

3. Date of Birth 27 " January 1875

4. Place of Birth (Street and Number) 106 E. Lombard St.

5. Full Name of Mother Elisa Thiemann

6. Mother's Maiden Name " Dirkeder

7. Mother's Birthplace Germany.

8. Full Name of Father Henry Thiemann

9. Father's Occupation Taylor

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Sarah Kasper

Address 52 E. Lombard St

Remarks

RETURN OF A BIRTH.

574

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1895 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Wednesday January 27th 1875.
4. Place of Birth (Street and Number)	163 West Lombard Street
5. Full Name of Mother	Anna Brückner
6. Mother's Maiden Name	Anna Schuerr
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	Johann Brückner
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baden Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Goldwater M.D.
Address	Resident Physician
Remarks	Maryland Lying In Asylum of the College of Physicians & Surgeons

RETURN OF A BIRTH.

375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Mulatto
3. *Date of Birth*	27th
4. *Place of Birth* (Street and Number)	459 Fayette
5. *Full Name of Mother*	Fanny Allen
6. *Mother's Maiden Name*	Lane
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas Garrett Allen
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Staunton Va
Name of Medical Attendant, or other Person who makes this Return.	Levi M Eastman
Address	349 W Lexington
Remarks	

576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 24th

4. Place of Birth (Street and Number) Corner of O'Donnell & Caroline Sts

5. Full Name of Mother Maria Swanson

6. Mother's Maiden Name Maria Boon

7. Mother's Birthplace Germany

8. Full Name of Father Charles Swanson

9. Father's Occupation Laborer

10. Father's Birthplace Sweden

Name of Medical Attendant, or other Person who makes this Return. J. E. Wilkins M.D.

Address Clinton St

Remarks Child was partially decomposed. A Man for whom she was employed. She failed to deliver when I was called the Uterine contraction was suspended with great prostration.

5774578

RETURN OF A BIRTH.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 28th 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twins one is dead. 1st Child

1. *Sex* (state whether Male or Female) Mal & Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Jan 27th 1875.
4. *Place of Birth* (Street and Number) No 60 Chapel Street.
5. *Full Name of Mother* Mary Kelly.
6. *Mother's Maiden Name* Mary Garret
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Kelly.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. McAmend.

Address No 137 S. Wolf Street.

Remarks —

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

579

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth January 27th 1875

4. Place of Birth (Street and Number) No 13 Claret Alley.

5. Full Name of Mother Keziah Moore

6. Mother's Maiden Name " Sample

7. Mother's Birthplace Accomac Co Va

8. Full Name of Father Benjamin Moore

9. Father's Occupation Brick Maker

10. Father's Birthplace Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. S. A. Bell M.D.

Address 181 So. Sharp St.

Remarks Physical Condition of Child, Good.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

580

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth*
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

381
+
382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex* (state whether Male or Female) Twins, both males living.
2. *Race or Color* (if not of the white race) —
3. *Date of Birth* January 27th 1875.
4. *Place of Birth* (Street and Number) 382 S. Charles St.
5. *Full Name of Mother* Anna M. Doyle.
6. *Mother's Maiden Name* Anna M. Kenney
7. *Mother's Birthplace* Canada.
8. *Full Name of Father* Wm F. Doyle.
9. *Father's Occupation* Policeman.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M. D.

Address 158 S. Sharp St.

Remarks

583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

hild of Mother (state whether 1st, 2d, 3d, &c.) 2 Children.

ate whether Male or Female) Male ~~Wilhe~~

r Color (if not of the white race) Wilhe

f Birth 2 7 yenevery

of Birth (Street and Number) Johnsson N 118

Name of Mother Mary S Stumer

's Maiden Name Mary S Küffar

's Birthplace Baltimor

Name of Father Mairad Stumer

's Occupation Laber

's Birthplace Anuday

of Medical Attendant, or other Person who makes this Return. Mrs. Martin

ss West. St. 128.

rks

584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children
State whether Male or Female)	Female
or Color (if not of the white race)	White
of Birth	January 27. 1875
of Birth (Street and Number)	132. William St
Name of Mother	Margarett Russell.
's Maiden Name	Margarett Pfetz
's Birthplace	Baltimore
Name of Father	Peter Russell
's Occupation	Ship carpenter
's Birthplace	Ireland
of Medical Attendant, or other Person who makes this Return.	Dr. Martin
ess	West St. 128 So.
rks	

RETURN OF A BIRTH.

586

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* January 27th 1875

4. *Place of Birth (Street and Number)* 284 N. Gay Street

5. *Full Name of Mother* Sarah Young

6. *Mother's Maiden Name* Sarah Galloway

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Michael Young

9. *Father's Occupation* Baker

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary A. Worrall Midwife

Address 279 McDonogh St

Remarks

586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3tes Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth January 27th 1875.
4. Place of Birth (Street and Number) Baltimore Hampstead St. No 33
5. Full Name of Mother Meda Petersen
6. Mother's Maiden Name Meda Merthens
7. Mother's Birthplace Medehude. V. Preussen Germany
8. Full Name of Father Nikolaus Petersen
9. Father's Occupation See Capitain
10. Father's Birthplace Flensburg V. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

387

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	January 27 th
4. *Place of Birth* (Street and Number)	Fredrick Av No 72
5. *Full Name of Mother*	Katy Vogtt
6. *Mother's Maiden Name*	Katy Beyerlin
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Vogtt
9. *Father's Occupation*	Corpenter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Sinclair
Address	No 29 Monro St
Remarks	

588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 12 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Black

3. *Date of Birth* Jan 27 th 75

4. *Place of Birth (Street and Number)* 3rd St. No. Nine

5. *Full Name of Mother* Virginia Hall

6. *Mother's Maiden Name* dont Know

7. *Mother's Birthplace* "

8. *Full Name of Father* Wm. Hall

9. *Father's Occupation* Waiter

10. *Father's Birthplace* dont Know

Name of Medical Attendant, or other Person who makes this Return. A. W. Dodgson M.D

Address

Remarks

RETURN OF A BIRTH.

589

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 28 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth January 27th 1875

4. Place of Birth (Street and Number) 257 Gough St.

5. Full Name of Mother Hannah J. Jordan

6. Mother's Maiden Name Hannah J. Ashlife

7. Mother's Birthplace Pott. Deposit

8. Full Name of Father John Thos. Jordan

9. Father's Occupation Shipjoiner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Times

Address 254 Easter Ave

Remarks

RETURN OF A BIRTH.

590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JAN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	27th January 1875
4. Place of Birth (Street and Number)	126 N. Gallaster.
5. Full Name of Mother	Louisa Bach.
6. Mother's Maiden Name	Hoffmeister.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Bach
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C Hoffman M.D.
Address	57 Virginia.
Remarks	

591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 29 1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Female,
2. *Race or Color* (if not of the white race)	Negro,
3. *Date of Birth*	Jan 28. 1875.
4. *Place of Birth* (Street and Number)	3 Brewer Alley,
5. *Full Name of Mother*	Jane Elizabeth Anderson,
6. *Mother's Maiden Name*	Stewart,
7. *Mother's Birthplace*	Howard C. Md.
8. *Full Name of Father*	Henry Anderson,
9. *Father's Occupation*	Coachman,
10. *Father's Birthplace*	Howard C, Md.
Name of Medical Attendant, or other Person who makes this Return.	J. F. Engle
Address	247 Fawn St
Remarks	

592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 — 5
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	American White
3. *Date of Birth*	January 28th 1875
4. *Place of Birth* (Street and Number)	Central Avenue No 316.
5. *Full Name of Mother*	Katherine Hill
6. *Mother's Maiden Name*	Katherine Shroder
7. *Mother's Birthplace*	Hanover Conlwick
8. *Full Name of Father*	Charles Hill
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Hanginburg Penna
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rene Hill
Address	45 Holland St. Baltimore Md
Remarks	

RETURN OF A BIRTH.

593

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 28th 1875
4. *Place of Birth* (Street and Number) No 38 St. Peter St Baltimore Md
5. *Full Name of Mother* Ellenora Cannon
6. *Mother's Maiden Name* Ellenora Laumenig
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Thomas Jefferson Cannon
9. *Father's Occupation* Telegraph Builder
10. *Father's Birthplace* Sommerset County Maryland

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Womble M.D

Address No 203 St. Lombard St Baltimore Md.

Remarks

594

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White race
3. Date of Birth 28th of January
4. Place of Birth (Street and Number) No 35 Portland St
5. Full Name of Mother Margret Hunt
6. Mother's Maiden Name Margret Weirich
7. Mother's Birthplace Hessen Darmstad
8. Full Name of Father Henry Hunt
9. Father's Occupation Shumaker
10. Father's Birthplace Waldeck

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address West Lenth St 439

Remarks Catharina Seebach

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 7 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan: 28th 1875.
4. Place of Birth (Street and Number) No 253 Walsh Street
5. Full Name of Mother Mary Teresa Muth
6. Mother's Maiden Name Mary Teresa Willenauer
7. Mother's Birthplace Baltimore County
8. Full Name of Father Frank Muth
9. Father's Occupation Drayman
10. Father's Birthplace Bavaria - Germany

Name of Medical Attendant, or other Person who makes this Return. H. P. O. Wilson M.D.

Address 146 Park Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth January 28th 1875
4. Place of Birth (Street and Number) 289 Hudson St
5. Full Name of Mother Mary Reynolds
6. Mother's Maiden Name Mary Robinson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Adolphus Reynolds
9. Father's Occupation Helper in Iron works
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A. Garnett

Address No. 31 Luzerne St

Remarks

RETURN OF A BIRTH.

597

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
2
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Childish

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) Whit race.
3. *Date of Birth* 28 of January.
4. *Place of Birth* (Street and Number) 171 Pennsylvania Avenue.
5. *Full Name of Mother* Mary Freadenberger.
6. *Mother's Maiden Name* Miss Mary Young.
7. *Mother's Birthplace* in Germny city Baden
8. *Full Name of Father* George Freadenberger.
9. *Father's Occupation* a Wel night
10. *Father's Birthplace* in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Engelsinger.

Address No 14 Union Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) One Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28th January
4. Place of Birth (Street and Number) Chester Btw. Monument to [illegible]
5. Full Name of Mother Christina Schoell
6. Mother's Maiden Name " Munner.
7. Mother's Birthplace Germany
8. Full Name of Father Henry Schoell
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Margrosa Rudiger

Address 134 North Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

399

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 9 & thirteen

(state whether Male or Female) Female

or Color (if not of the white race) White

of Birth 28 genevey

of Birth (Street and Number) 106. York St.

Name of Mother Mary Reynolds

er's Maiden Name Mary Leach

er's Birthplace County of Roscommon Ireland

Name of Father Mick Reynolds

r's Occupation Labor

r's Birthplace County of Roscommon Ireland

e of Medical Attendant, or other Person who makes this Return. Mrs. Martin

ress West St. N 128.

arks

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

hild of Mother (state whether 1st, 2d, 3d, &c.) 2 & children

tate whether Male or Female) Female

r Color (if not of the white race) White

of Birth January 28.

of Birth (Street and Number) N. 104 York St.

Name of Mother Anna Higgins.

r's Maiden Name Anna Carney

r's Birthplace Galway Ireland

Name of Father John Carney

r's Occupation Laborer.

r's Birthplace Roscommon Ireland

e of Medical Attendant, or other Person who makes this Return. Mrs. McArtin

ress West St. N. 128.

arks

RETURN OF A BIRTH.

601

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 Children
ex (state whether Male or Female)	Female
Race or Color (if not of the white race)	White.
Date of Birth	January 28.
Place of Birth (Street and Number)	108 N. Howard,
Full Name of Mother	Anna M. Haus.
Mother's Maiden Name	Anna M. Harter.
Mother's Birthplace	Somerset Co.
Full Name of Father	John Alexander Haus.
Father's Occupation	Sergeant of police
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Harter
Address	West. St., N. 128.
Remarks	

602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Febuar 1st 1875

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 28th 1875.
4. Place of Birth (Street and Number) No 12 C S. Chester St.
5. Full Name of Mother Katharina Eder.
6. Mother's Maiden Name Katharina Henkelmann
7. Mother's Birthplace America.
8. Full Name of Father Joseph Eder.
9. Father's Occupation Can maker.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S. Wolf St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

603

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* ——
3. *Date of Birth* January 28th 1875
4. *Place of Birth (Street and Number)* 82 Cathedral St
5. *Full Name of Mother* Mary Turpin Riggs
6. *Mother's Maiden Name* " " Bright
7. *Mother's Birthplace* Gallatin Co. Kentucky
8. *Full Name of Father* Lawrason Riggs
9. *Father's Occupation* ——
10. *Father's Birthplace* Georgetown D.C.

Name of Medical Attendant, or other Person who makes this Return. Philip Williams

Address 201 Madison Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

604

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white healthe
3. Date of Birth	28th of January 1875
4. Place of Birth (Street and Number)	72. Frederick Avenue Balto.
5. Full Name of Mother	Kate Lizzie Kestler
6. Mother's Maiden Name	K. L. Frantz
7. Mother's Birthplace	City of Balto Md.
8. Full Name of Father	John Thomas Kestler
9. Father's Occupation	Laborer
10. Father's Birthplace	Ehlsted Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lizzie Hillar
Address	57 Smallwood Strat Balto.
Remarks	

RETURN OF A BIRTH.

605

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 28. 1875
4. Place of Birth (Street and Number) Cumberland St
5. Full Name of Mother Louisa Ports
6. Mother's Maiden Name Louisa Keene
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Ports
9. Father's Occupation Mason
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm M Kemp MD

Address 55 Ulysses St Balt.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether Male or Female)* female child
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* January 28 1875
4. *Place of Birth (Street and Number)* Douglas st no 44
5. *Full Name of Mother* fannie lambert
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* calvin lambert
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second child

1. Sex (state whether Male or Female) male child
2. Race or Color (if not of the white race) [illegible]
3. Date of Birth January 28 1875
4. Place of Birth (Street and Number) Shuter St no 30
5. Full Name of Mother Martha Middleton
6. Mother's Maiden Name Martha Harris
7. Mother's Birthplace Anesundel County
8. Full Name of Father Robert Middleton
9. Father's Occupation Hod Carrier
10. Father's Birthplace Charles County Md

Name of Medical Attendant, or other Person who makes this Return. [illegible] Johnson Short st no 33

Address [illegible] Short st

Remarks Health

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

608

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 7 28
4. Place of Birth (Street and Number)	108 S. Exeter st
5. Full Name of Mother	Emeline ~~Edwards~~ Taylor
6. Mother's Maiden Name	Emeline Edwards
7. Mother's Birthplace	Maryland
8. Full Name of Father	Benjamin Taylor
9. Father's Occupation	Maryland
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hanck MD
Address	75 E. Baltimore st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th January 1875.
4. *Place of Birth (Street and Number)* Garrison Lane.
5. *Full Name of Mother* Mrs. Elizabeth Uhde.
6. *Mother's Maiden Name* Miss Elizabeth Meyers.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mr. Wm Uhde.
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Bandalow pl. No 5.

Remarks

Katherine Doll.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan. 28th 75
4. *Place of Birth (Street and Number)* 291 E. Madison St
5. *Full Name of Mother* Margaret A. Finney
6. *Mother's Maiden Name* Margaret A. Long
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hugh Finney
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Augustus F. Esich M.D.

Address 94 S. Broadway.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January the 28th 1875
4. Place of Birth (Street and Number)	No 16 South Register Street
5. Full Name of Mother	Katherine Ebbighausen
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	
9 Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	151 East Pratt Street
Remarks	Nat Married

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

612

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	"
3. Date of Birth	29th January 1875
4. Place of Birth (Street and Number)	124 Saratoga St.
5. Full Name of Mother	Frederica Schlegel
6. Mother's Maiden Name	Hoffmann
7. Mother's Birthplace	Germany.
8. Full Name of Father	Otto Schlegel
9. Father's Occupation	Plumber the same
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Caspen
Address	52 E. Lombard St.
Remarks	

613

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 29
4. *Place of Birth (Street and Number)* No 62 Stiles st
5. *Full Name of Mother* Clara ~~Gills~~ Mc Guire
6. *Mother's Maiden Name* Clara Gills
7. *Mother's Birthplace* Delaware City
8. *Full Name of Father* Andrew Mc Guire
9. *Father's Occupation* Fireman in No 3 engine house
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

614

HEALTH DEPARTMENT JAN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
ex (state whether Male or Female)	[illegible]
Race or Color (if not of the white race)	[illegible]
Date of Birth	29
Place of Birth (Street and Number)	[illegible] 333
Full Name of Mother	[illegible]
Mother's Maiden Name	[illegible]
Mother's Birthplace	[illegible]
Full Name of Father	[illegible]
Father's Occupation	[illegible]
Father's Birthplace	[illegible]
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	[illegible]
Remarks	

615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 — 5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) American White
3. Date of Birth January 29th 1875
4. Place of Birth (Street and Number) Monument St No 102
5. Full Name of Mother Kathrin Mills
6. Mother's Maiden Name Kathrine Bohne
7. Mother's Birthplace Kurhessen
8. Full Name of Father Ludwig Mills
9. Father's Occupation Carpenter
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosie Hellig

Address 48 Holland St Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

616

HEALTH DEPARTMENT FEB 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twins 3d & 4th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 1 Mo 29 " 1875

4. Place of Birth (Street and Number) 304 W Lombard St

5. Full Name of Mother Annie Lamb

6. Mother's Maiden Name Annie Cochran

7. Mother's Birthplace Baltimore

8. Full Name of Father Eli M Lamb

9. Father's Occupation Principle of Friends School

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W Riley M. D.

Address 49 Lexington St

Remarks

RETURN OF A BIRTH.

617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 29
4. Place of Birth (Street and Number)	Granby st No 60
5. Full Name of Mother	Friederika Hay
6. Mother's Maiden Name	Friederika Miller
7. Mother's Birthplace	Oldenburg
8. Full Name of Father	August Hay
9 Father's Occupation	None
10. Father's Birthplace	Oldenburg
Name of Medical Attendant, or other Person who makes this Return.	Sophia Sievers
Address	170 Granby st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

618

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 te

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth January 29 "

4. Place of Birth (Street and Number) No 234 Anne St.

5. Full Name of Mother Marie Schwessinger

6. Mother's Maiden Name Marie Appale

7. Mother's Birthplace Prussia Baltimore

8. Full Name of Father Georg Schwessinger

9. Father's Occupation Labor

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 254 S. Front St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th of January 1875
4. Place of Birth (Street and Number)	Vine st 199
5. Full Name of Mother	Cathaine. Steib
6. Mother's Maiden Name	Cathaine. Gimmerman
7. Mother's Birthplace	Saxonimen. Germany
8. Full Name of Father	George. Steib
9 Father's Occupation	Shoemaker
10. Father's Birthplace	Baden. Germany
Name of Medical Attendant, or other Person who makes this Return.	Anna Dumler
Address	No 60 Shorter
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

reat Record of Vital Statistics in the City of Baltimore.

620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 29th 1875
4. *Place of Birth (Street and Number)* Baltimore City No 1 Fountain St
5. *Full Name of Mother* Julia Greelus
6. *Mother's Maiden Name* Julia Goale
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Greelus
9. *Father's Occupation* Waterman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address No 31 Luzerne St

Remarks

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

ex (state whether Male or Female) Female

ace or Color (if not of the white race) Withe

ate of Birth Jeneney 29

lace of Birth (Street and Number) fourth St. N 73.

ull Name of Mother Jane Shaffery

other's Maiden Name Jane Hoenton

other's Birthplace Ierland

ull Name of Father John Hoenton

ather's Occupation Laber.

ather's Birthplace Ierland

Name of Medical Attendant, or other Person who makes this Return. M. Martin

Address West St. N. 128.

Remarks

MISSING

#622

623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	Caucasian
3. *Date of Birth*	Jany 29th 1875
4. *Place of Birth* (Street and Number)	32 Lee st.
5. *Full Name of Mother*	Mary Dougherty
6. *Mother's Maiden Name*	Kane
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Dougherty
9. *Father's Occupation*	Huckster
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D W Webster
Address	57 Barnet
Remarks	Child was still born

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

624 624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or ~~Female~~)	
2. Race or Color (if not of the white race)	
3. Date of Birth	January 29 — 1875
4. Place of Birth (Street and Number)	62 Pal Avenue
5. Full Name of Mother	Anna C Schmick
6. Mother's Maiden Name	Hechtel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Schmick
9 Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. E. Brown
Address	84 Mulberry St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

625

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) boy
2. Race or Color (if not of the white race) wheite
3. Date of Birth January 29
4. Place of Birth (Street and Number) 43 St Durham St
5. Full Name of Mother Chathrin Kranager
6. Mother's Maiden Name Chathrin Osch
7. Mother's Birthplace Baltimore
8. Full Name of Father Julius Kranager
9. Father's Occupation Lebere worker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Lederer

Address 23 Sth Durham St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

626

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 29
4. *Place of Birth (Street and Number)* 271 East Baltimore Street
5. *Full Name of Mother* Barbara Weber
6. *Mother's Maiden Name* Barbara Riebler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Weber
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Shwurzenborn bezirk Cassel germany

Name of Medical Attendant, or other Person who makes this Return. Mary Leitner

Address 23 Durham St

Remarks South Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

627

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	29 January 1875
4. Place of Birth (Street and Number)	399 Aisquith
5. Full Name of Mother	Marie Reinhart
6. Mother's Maiden Name	Titus
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Reinhart
9. Father's Occupation	Waggoner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. P. Wolfinger
Address	57 Aisquith.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2. th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 29. 75
4. Place of Birth (Street and Number)	4 Madison ave.
5. Full Name of Mother	Maria Baer.
6. Mother's Maiden Name	Maria Lenhart
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm Baer.
9. Father's Occupation	Conductor
10. Father's Birthplace	Balti County.
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burdsman
Address	120 Bank St
Remarks	Still born

Extract Regulations of the Board of Health.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 24 Jan 75

4. Place of Birth (Street and Number) 90 Eastern Av

5. Full Name of Mother Caroline Hilbert

6. Mother's Maiden Name Caroline Bedtholt

7. Mother's Birthplace Germania

8. Full Name of Father Fred Hilbert

9. Father's Occupation Driver

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address R C Bank St

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 29th 1875
4. Place of Birth (Street and Number)	97 Cathedral St
5. Full Name of Mother	Margaret O'Neal
6. Mother's Maiden Name	" Equity
7. Mother's Birthplace	Ireland
8. Full Name of Father	James O'Neal
9 Father's Occupation	Policeman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Chas. Stuart M.D.
Address	59 Cathedral St.
Remarks	

Extract from Ordinances of the Mayor and City Council of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6.31

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan. 29th 1875
4. Place of Birth (Street and Number)	No. 31 N. Broadway
5. Full Name of Mother	Emma Charlotte Dolfield
6. Mother's Maiden Name	" " Kroh
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Alexander Jearly Dolfield
9 Father's Occupation	Cashier German Bank
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	E. F. Ivens M.D.
Address	No. 406 E. Baltimore St.
Remarks	Healthy Child

Extract from Regulations, &c.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ten (10th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 29th 1875
4. Place of Birth (Street and Number)	471 West Lombard St
5. Full Name of Mother	Sarah R Wicks
6. Mother's Maiden Name	Sarah R Mackinson
7. Mother's Birthplace	Cecil County Md
8. Full Name of Father	Gardner A Wicks
9. Father's Occupation	Pattern-Maker
10. Father's Birthplace	Lancaster County Pa
Name of Medical Attendant, or other Person who makes this Return.	E Gover Cox M.D.
Address	512 W Balto St. City
Remarks	

Return made Feb 3d 1875

Extract Regulations of the Board of Health, Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

633

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 29. 1875
4. *Place of Birth (Street and Number)* Hull St. 4th door south of Chas.
5. *Full Name of Mother* Mary Elizabeth Kennard
6. *Mother's Maiden Name* " Leonard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas James Kennard
9. *Father's Occupation* Cigar Packer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Jno. H. Grayson

Address No. 18 Aisquith

Remarks Feb. 6th 75. Child is very healthy.

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

633
634

HEALTH DEPARTMENT
JAN
29
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	30th January
4. Place of Birth (Street and Number)	58 Albemarle St.
5. Full Name of Mother	Kath Dunn
6. Mother's Maiden Name	Gorau
7. Mother's Birthplace	Finland
8. Full Name of Father	John Dunn
9. Father's Occupation	Plasterer
10. Father's Birthplace	U. States.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52. E. Lombard St.
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

635

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10d

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth the 30th of January 1875
4. Place of Birth (Street and Number) No. 41 Albemarle Street
5. Full Name of Mother Katherine Jäger
6. Mother's Maiden Name Katherine Popp
7. Mother's Birthplace Baveria
8. Full Name of Father John Philip Jäger
9. Father's Occupation Currier
10. Father's Birthplace Baveria

Name of Medical Attendant, or other Person who makes this Return. Mrs Reisz Midwif

Address

Remarks

Extract Regulations of the Board of Health to Secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 30th 1875
4. Place of Birth (Street and Number)	No 2 Bennett St
5. Full Name of Mother	Caroline Eglesson
6. Mother's Maiden Name	Caroline Norris
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Ephriam Eglesson
9. Father's Occupation	Puddler in Iron works
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	No 31 Luzerne St.
Remarks	

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

Extract from Regulations of the Board of Health, relative to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

637 ~~634~~

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Kind

1. Sex (state whether Male or Female) Mündchen
2. Race or Color (if not of the white race) Weis
3. Date of Birth ~~29~~ Januar 30
4. Place of Birth (Street and Number) Somerset St No. 76
5. Full Name of Mother Sophia Schaible
6. Mother's Maiden Name Sophia Schneider
7. Mother's Birthplace geboren in Hochberg beide aus Württenberg
8. Full Name of Father Alowisius Schaible
9. Father's Occupation Tag löhner
10. Father's Birthplace geboren in Altheim ~~Tag~~

Name of Medical Attendant, or other Person who makes this Return: Walburga Miller

Address

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race
3. Date of Birth 30th January
4. Place of Birth (Street and Number) No 40 Marion Street
5. Full Name of Mother Annie Mary Sauer
6. Mother's Maiden Name Annie Mary Wenner
7. Mother's Birthplace in Germany City Hesken
8. Full Name of Father Justus Sauer
9. Father's Occupation a carpenter
10. Father's Birthplace in Germany City Hesken

Name of Medical Attendant, or other Person who makes this Return. Mrs Theresa Eigeldinger (midwife)

Address No 14 Union Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Thirteenth
1. Sex (state whether Male or Female)	One Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th January
4. Place of Birth (Street and Number)	292 Central Ave.
5. Full Name of Mother	Regina Flaudung
6. Mother's Maiden Name	nee Miller
7. Mother's Birthplace	Germany
8. Full Name of Father	Phillip Flaudung
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Maryrosa Rudiger
Address	134 61st Bond St.
Remarks	

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

640

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 30th
4. Place of Birth (Street and Number)	Baltimore . Md . Hill Street No 16
5. Full Name of Mother	Mandie . Webster
6. Mother's Maiden Name	Mandie . Rice
7. Mother's Birthplace	Baltimore . Md.
8. Full Name of Father	Charlie Webster
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Scarborough
Address	No. 202 South Charles Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

641

641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BÁLTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) female child
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 30 1875
4. Place of Birth (Street and Number) Short st nor
5. Full Name of Mother Annie Holiday
6. Mother's Maiden Name Anna Holliday
7. Mother's Birthplace Balt Md
8. Full Name of Father James Holiday
9. Father's Occupation Flark driver
10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address [illegible]

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

642

642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Februar 1st 1875.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 30th 1875.

4. Place of Birth (Street and Number) Ink street No 649.

5. Full Name of Mother Barbara Wolf.

6. Mother's Maiden Name Babara Ott.

7. Mother's Birthplace Germania

8. Full Name of Father John Wolf

9. Father's Occupation Cooper.

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S. Wolf St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 30 1875
4. Place of Birth (Street and Number) Cor Calhoun & McHenry St
5. Full Name of Mother Carlotta Strang
6. Mother's Maiden Name Carlotta Loupp
7. Mother's Birthplace Germana K. Wurtenberg
8. Full Name of Father Charles Strang ~~[illegible]~~
9. Father's Occupation Black Smith
10. Father's Birthplace Germana ~~[illegible]~~ J Weimar

Name of Medical Attendant, or other Person who makes this Return.

Address Mr. M. Strang

Remarks 32 Lieutenant Street

[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

644

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Black
3. Date of Birth 30 of Janerwoy 1875
4. Place of Birth (Street and Number) No 9 Peache ally
5. Full Name of Mother Guli Bond
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wiliam yonge
9. Father's Occupation oyster Shocke
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Milly Grooss

Address No 1 Spaptapsco avenue

Remarks No medical attendence

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th January 1875
4. Place of Birth (Street and Number)	119 William
5. Full Name of Mother	Anne Hurley
6. Mother's Maiden Name	Anne Kenny
7. Mother's Birthplace	Ireland
8. Full Name of Father	Albert Hurley
9. Father's Occupation	Grocer
10. Father's Birthplace	Balt. Md
Name of Medical Attendant, or other Person who makes this Return.	D.W. Webster
Address	
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

646

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th January 1875
4. Place of Birth (Street and Number)	63 Camden st
5. Full Name of Mother	Maggie Rowe
6. Mother's Maiden Name	" Dyer
7. Mother's Birthplace	Delaware
8. Full Name of Father	A. J. Rowe
9. Father's Occupation	Com. Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H W Webstaup
Address	57 Barre st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheir, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5647

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th January 1875
4. Place of Birth (Street and Number)	491 Hill
5. Full Name of Mother	Mary E. Wilson
6. Mother's Maiden Name	Mary E. Rose
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jacob Wilson
9. Father's Occupation	Tinner
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	D. W. Webster
Address	57 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6448

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th January 1875
4. Place of Birth (Street and Number)	56 Patterson Street Canton
5. Full Name of Mother	Mary Atkinson
6. Mother's Maiden Name	Mary Holt
7. Mother's Birthplace	Washington County Penn
8. Full Name of Father	Robert Atkinson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address	104 Curley St Canton
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 30th 75
4. Place of Birth (Street and Number)	255 N. Caroline st.
5. Full Name of Mother	Mrs Anna Kate Long
6. Mother's Maiden Name	Anna Kate Boor
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H. Long
9 Father's Occupation	Broom manufacturer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anna Regina Hinkle
Address	174 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	January 30 1875
4. Place of Birth (Street and Number)	Columbia St No 175
5. Full Name of Mother	Rose Ellen Raborg
6. Mother's Maiden Name	" " Weigel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Sawyer Raborg
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jos: E. Clagett M.D
Address	18 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

657

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 30th 1875
4. *Place of Birth (Street and Number)* 69 S. Washington st. Baltimore
5. *Full Name of Mother* Agnes Gray
6. *Mother's Maiden Name* Agnes O'Brien
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Benjamin F. Gray
9. *Father's Occupation* Sergeant of Police
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No 5 Lanvale St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1

652

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Jenny ~~[illegible]~~ 30

1. Sex (state whether Male or Female) female Chile
2. Race or Color (if not of the white race) Color
3. Date of Birth Band Jenny the 30
4. Place of Birth (Street and Number) Birth place Rose st no 29
5. Full Name of Mother anna pipe
6. Mother's Maiden Name anna gaven
7. Mother's Birthplace hoffe bounty
8. Full Name of Father gabel pipe
9. Father's Occupation Woken
10. Father's Birthplace Loren shore

Name of Medical Attendant, or other Person who makes this Return. Fanny Dutton

Address 84 st Mary st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

653

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2te

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 January 1875
4. *Place of Birth (Street and Number)* 187 Carline st
5. *Full Name of Mother* Annie Staff
6. *Mother's Maiden Name* Annie Rothhop
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fredrick Staff
9. *Father's Occupation* Housecarpner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist.

Address 182 Monument st

Remarks

654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 31
4. Place of Birth (Street and Number) Canton avenue No 342
5. Full Name of Mother Linna Schriszlater
6. Mother's Maiden Name Linna Kus
7. Mother's Birthplace Baltimore
8. Full Name of Father Jean Schriszlater
9. Father's Occupation Tavern
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mss Sophia Sieman

Address Pa 70 Granby st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth Jan. 31st

4. Place of Birth (Street and Number) 168 N. Caroline

5. Full Name of Mother Lucy Jane Smith

6. Mother's Maiden Name " " Tatum

7. Mother's Birthplace Petersburg Va.

8. Full Name of Father John T. Smith

9. Father's Occupation Stone Cutter

10. Father's Birthplace Petersburg Va.

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 129 E. Monument St.

Remarks Baltimore City

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	January 31st 1875
4. Place of Birth (Street and Number)	226 W Pratt
5. Full Name of Mother	Isabella Taylor
6. Mother's Maiden Name	" Browning
7. Mother's Birthplace	Chicago, Ill.
8. Full Name of Father	George Bernard Taylor
9. Father's Occupation	Shoe manufacturer
10. Father's Birthplace	N. York City
Name of Medical Attendant, or other Person who makes this Return.	Joseph E. Clagett M.D.
Address	18 S. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 31st 1875
4. Place of Birth (Street and Number) North West Corner Poppleton and Hobbins
5. Full Name of Mother Rose Anne Ziegler
6. Mother's Maiden Name Callaghan
7. Mother's Birthplace Baltimore
8. Full Name of Father John Joseph Ziegler
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 56. Pearl Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

658

HEALTH DEPARTMENT
FEB
4
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 31. 1875
4. *Place of Birth* (Street and Number) 88 Carrollton Ave
5. *Full Name of Mother* Virg.a Doyle
6. *Mother's Maiden Name* ~~~
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* A. Courtney Doyle
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. W. H. Kemp

Address 55 N. Sharp St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 31st 1875
4. Place of Birth (Street and Number)	41 Whatcoat St.
5. Full Name of Mother	Anna Missouri Eichelberger
6. Mother's Maiden Name	Fleming
7. Mother's Birthplace	Portsmouth, Va.
8. Full Name of Father	George Nadall Eichelberger
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	William H. Murray M.D
Address	S.E. Cor. Patterson Ave & Strieker St.
Remarks	Nothing worthy of note - a simple case of natural Labor.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children —

660

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 31, 1875
4. *Place of Birth (Street and Number)* 347 Cathedral St.
5. *Full Name of Mother* Anna E. Baer
6. *Mother's Maiden Name* Anna E. Paisley
7. *Mother's Birthplace* Montgomery Co. Md.
8. *Full Name of Father* John H. Baer
9. *Father's Occupation* Brakeman
10. *Father's Birthplace* Allegheny Co. Pa.

Name of Medical Attendant, or other Person who makes this Return. J. M. F. Hahn.

Address 118 N. Biddle St.

Remarks

661

HEALTH DEPARTMENT
FEB 5 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth January 31st 1875
4. Place of Birth (Street and Number) 176 W. Lane St.
5. Full Name of Mother Miss Louisa Hubert
6. Mother's Maiden Name [illegible] Feller
7. Mother's Birthplace City of Baltimore
8. Full Name of Father John George Hubert
9. Father's Occupation Copper smith
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C Brendel

Address No. 208 South Bond Str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

662

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
6
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the Eighth son.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 31st 1875.
4. Place of Birth (Street and Number)	721. West Lombard Street
5. Full Name of Mother	Margretha Barbara Lotz Hartmann
6. Mother's Maiden Name	
7. Mother's Birthplace	Baden Germany.
8. Full Name of Father	Ludwig Lotz.
9. Father's Occupation	Provisions
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Henry Singer.
Address	No 45 South Howard St
Remarks	

ject Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

663

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
5
1975
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 31st.
4. Place of Birth (Street and Number)	Eutaw St. No 98.
5. Full Name of Mother	Elizebeth Snieder
6. Mother's Maiden Name	" " Wambach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Snieder
9. Father's Occupation	Taylor
10. Father's Birthplace	Kur Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Koon.
Address	328. S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

664

HEALTH DEPARTMENT
FEB. 9 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 31st 1875
4. Place of Birth (Street and Number)	No. 76 South Chapel St.
5. Full Name of Mother	Catharine Lewis.
6. Mother's Maiden Name	Catharine Kehoe.
7. Mother's Birthplace	County Wexford, Ireland.
8. Full Name of Father	Samuel L. Lewis
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Louisa Weley.
Address	No. 12 Gish Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

665

HEALTH DEPARTMENT
FEB
6
1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) f

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Jan 31. 1875

4. *Place of Birth* (Street and Number) Corner Lombard & Sticker

5. *Full Name of Mother* Mrs Jones

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father* Robt M. Jones

9. *Father's Occupation*

10. *Father's Birthplace* Penna

Name of Medical Attendant, or other Person who makes this Return. Richard Lee Henry, M.D.

Address 189 W Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

666

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31 January
4. *Place of Birth (Street and Number)* 258 Eager st
5. *Full Name of Mother* Caroline Simon
6. *Mother's Maiden Name* Caroline Hoffman
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Adam Simon
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 182 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

667

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 8 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 31 January 1875
4. *Place of Birth* (Street and Number) 91 Mecklenburg st
5. *Full Name of Mother* Catharina Gaisen
6. *Mother's Maiden Name* Catharina Lamminhugil
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Gaisen
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address 182 Monument st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	31st. of January.
4. Place of Birth (Street and Number)	No 16 Warner. Str.
5. Full Name of Mother	Julie Born.
6. Mother's Maiden Name	Julie Mueller.
7. Mother's Birthplace	Brunswig. Germany.
8. Full Name of Father	Herrman Born.
9. Father's Occupation	Distiller in Essences.
10. Father's Birthplace	Königsberg. East Prussia Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner.
Address	No 174 Burgundy. Str.
Remarks	none.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 — 3 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) American White
3. Date of Birth ~~Jan~~ February Jan 31 1875
4. Place of Birth (Street and Number) President St. 1614
5. Full Name of Mother Louise Borish
6. Mother's Maiden Name Louise Buchert
7. Mother's Birthplace Wurttenburg Connecticut
8. Full Name of Father Charles Borish
9. Father's Occupation Restaurant
10. Father's Birthplace Hohenstein Sachsen

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosie Ulley

Address 48 Holland St. Baltimore Md.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

670

HEALTH DEPARTMENT FEB 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 31st of January.
4. Place of Birth (Street and Number) 167 King St.
5. Full Name of Mother Elizabeth Bartholomäus.
6. Mother's Maiden Name Elizabeth Reik.
7. Mother's Birthplace Baltimore. Maryland.
8. Full Name of Father John Bartholomäus
9. Father's Occupation Shoe Maker
10. Father's Birthplace Baltimore. Maryland.

Name of Medical Attendant, or other Person who makes this Return. Katharina [illegible]

Address West Lovett St 437

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

671

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 6.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* the 31 of January
4. *Place of Birth (Street and Number)* 147 Lamden St.
5. *Full Name of Mother* Miss Johanne M. Hinold
6. *Mother's Maiden Name* Johanne M. Hinold
7. *Mother's Birthplace* Hessen Darmstadt
8. *Full Name of Father* Charles M. Hinold
9. *Father's Occupation* Frenmacher 293 Baltimore Str.
10. *Father's Birthplace* Dorzbach K. Würtemberg

Name of Medical Attendant, or other Person who makes this Return.

Address Mr. M. Streng

Remarks 32 Lieberhall Street

672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 31st
4. Place of Birth (Street and Number)	Gilmor near Cook
5. Full Name of Mother	Mary Burk
6. Mother's Maiden Name	Mary Carlin
7. Mother's Birthplace	Balto
8. Full Name of Father	Joseph Burk
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. B. Johnson M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born by or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. No. 4 673

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 31 10 A.M. 1875
4. *Place of Birth (Stree and Number)* 37 S. Bond St
5. *Full Name of Mother* Elizabeth Key
6. *Mother's Maiden Name* Elizabeth Williams
7. *Mother's Birthplace* S. Bond St. Balto. City
8. *Full Name of Father* Hazen Key
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr James E. Donaldson

Address 299 E. Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Perfect Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	31 January 1875
4. *Place of Birth* (Street and Number)	Wm & Chase st Balto Md
5. *Full Name of Mother*	Mary C Getz
6. *Mother's Maiden Name*	Mary A Burgan
7. *Mother's Birthplace*	Gay st Balto Md
8. *Full Name of Father*	John M Getz
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J H Patterson M D
Address	St Paul & Fountain Balto Md
Remarks	

RETURN OF A BIRTH.

675

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	January 4th 1875
4. *Place of Birth* (Street and Number)	
5. *Full Name of Mother*	Mary Keane
6. *Mother's Maiden Name*	" Kelly
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Keane
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Margaret Ertel
Address	13 Cuba Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

676
676

HEALTH DEPARTMENT
FEB 25 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	the 1st Twin
1. *Sex (state whether Male or Female)*	one Boy & one girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	the 9th January 1875
4. *Place of Birth (Street and Number)*	No 6 Hull Street Locus Point
5. *Full Name of Mother*	Ernestine Furchtenicht
6. *Mother's Maiden Name*	Ernesti, Schroeder
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Fredrich Furchtenicht
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Margarette Ertel
Address	No, 13 Cuba Street Locus Point
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

678

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th of January 1875
4. Place of Birth (Street and Number)	No 110 Koosey Steet Locus Point
5. Full Name of Mother	Margarette Cathrine Vickers
6. Mother's Maiden Name	" " " Sterling
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Eduard Vickers
9. Father's Occupation	Laborer
10. Father's Birthplace	Cambridge Md
Name of Medical Attendant, or other Person who makes this Return.	Margaret Eatel
Address	No 13 Cuba Street Locus point
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

679

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 6th (including twins)

(state whether Male or Female) Male

ce or Color (if not of the white race)

e of Birth January 28th 1875

ce of Birth (Street and Number) 202 N. Exeter St

ll Name of Mother Mary Catherine Smith

ther's Maiden Name Mary C. Anderson

ther's Birthplace Baltimore

ll Name of Father Jno A Smith

ther's Occupation Mail Agent

ther's Birthplace Baltimore

ame of Medical Attendant, or other Person who makes this Return. John Morris MD

ldress 5 Franklin St

emarks Abortion, third month; (at sex of child discernible)

680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one (1)

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth January 30th 1875
4. Place of Birth (Street and Number) Locust Point 106 Cooksie Street
5. Full Name of Mother Sarah Elizabeth Kelly
6. Mother's Maiden Name " " Wooten
7. Mother's Birthplace Balto Md
8. Full Name of Father Robert Kelly
9. Father's Occupation Soldier
10. Father's Birthplace Bellville Canada West

Name of Medical Attendant, or other Person who makes this Return. Margaretta Coll

Address No 13 Cupid St Locust Point Balto Md

Remarks Remarkably fine Child living & in good health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.) Whole

x (state whether Male or Female) Female

or Color (if not of the white race) Colored

of Birth January 1st 1875

of Birth (Street and Number) No. 18 South Dallas

5. Full Name of Mother Julia A. Green

6. Mother's Maiden Name Julia A. Perry

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Henry Green

9. Father's Occupation Carpenter

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Leo. Walker

Address No. 184 South Dallas Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) Yellow
3. Date of Birth January 12th 8 A.M.
4. Place of Birth (Street and Number) 76 Styles St
5. Full Name of Mother Victoria Lubman
6. Mother's Maiden Name " Graves
7. Mother's Birthplace St Louis
8. Full Name of Father George Washington Lubman
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Gregd Shertzer M.D.

Address 117 East Baltimore St

Remarks This family had neither doctor, nor midwife — & did not know that the births had to be returned — & as they are my regular patients I return the birth.

P.S. I did not know of it until to day.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Africa
3. Date of Birth	Jan 12th 1875
4. Place of Birth (Street and Number)	201 China st
5. Full Name of Mother	Emily Johnson
6. Mother's Maiden Name	Correll
7. Mother's Birthplace	Balto
8. Full Name of Father	John Johnson
9. Father's Occupation	Waiter
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Dawson MD.
Address	114 Hanover st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

684

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 12th 1875
4. Place of Birth (Street and Number)	123 Leaden Alle
5. Full Name of Mother	Mary Naughton
6. Mother's Maiden Name	Brady
7. Mother's Birthplace	Balto
8. Full Name of Father	Patrick Naughton
9. Father's Occupation	Fireman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Denson MD
Address	14 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 12th 1875
4. Place of Birth (Street and Number)	182 Dame st
5. Full Name of Mother	Maggie Baumgarten
6. Mother's Maiden Name	" Kupp
7. Mother's Birthplace	Germany
8. Full Name of Father	Fred. Baumgarten
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Geo. H. Benson M.D.
Address	144 Hanover st
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) The 1st Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black Color.
3. Date of Birth 1st January 1875
4. Place of Birth (Street and Number) Balto. 23 Peach Alley.
5. Full Name of Mother Mrs Sophia Spence
6. Mother's Maiden Name Miss. Sophia Stuart.
7. Mother's Birthplace Cambridge Md.
8. Full Name of Father Mr. John Spence
9. Father's Occupation Laborer
10. Father's Birthplace Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return. Maria Potter Colored

Address No. 191 Hughes St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* January 17 1875 Baltimore City
4. *Place of Birth (Street and Number)* No 180 South Dallas Street
5. *Full Name of Mother* Sarah Bradley
6. *Mother's Maiden Name* Sarah Garnder
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* William Bradley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Leo Decker

Address No 184 South Dallas Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

688

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 24th 1875
4. Place of Birth (Street and Number)	211 Scott Street
5. Full Name of Mother	Mary Catherine Ryan
6. Mother's Maiden Name	Mary Catherine Tighe
7. Mother's Birthplace	Ellicotts City
8. Full Name of Father	John J. Ryan
9. Father's Occupation	Iron Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. G. Kellyday
Address	Carroll P.O. Balto. Co.
Remarks	Fredk Road

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Anna Agnes Meyers

1. Sex (state whether Male or Female) 6 d Child Female
2. Race or Color (if not of the white race) White
3. Date of Birth Born January 25th 1875
4. Place of Birth (Street and Number) No 388 Stricker St. Baltimore
5. Full Name of Mother ~~Ch H. Meyers~~ Cecila A. Meyers
6. Mother's Maiden Name Cecila A. Simmons
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas H. Meyers
9. Father's Occupation Goldsmitt and Silversmitt
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Magdalena [illegible]

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st of Feb. 1875
4. Place of Birth (Street and Number)	Cathedral St. 355
5. Full Name of Mother	Sophia Ellis
6. Mother's Maiden Name	Butler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Ellis
9. Father's Occupation	Brakesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	No 7 Federal St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feby 1st

4. Place of Birth (Street and Number) Pine st north of Lexington

5. Full Name of Mother ~~Susan Rogers~~ Susan Norris

6. Mother's Maiden Name Susan Rogers

7. Mother's Birthplace Baltimore

8. Full Name of Father John Norris

9. Father's Occupation Merchant

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. D. P. Hofman M.D.

Address

Remarks

RETURN OF A BIRTH. 692

HEALTH DEPARTMENT
FEB
10
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feb 1. 1875
4. Place of Birth (Street and Number)	29 orchard N
5. Full Name of Mother	Mary Bright
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Marshall Bright
9. Father's Occupation	Drayman
10. Father's Birthplace	Howard County Md
Name of Medical Attendant, or other Person who makes this Return.	W. C. Knowles
Address	55 Sharp N
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

693

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child.

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2mo 1st 1875
4. *Place of Birth (Street and Number)* 14 asquith St.
5. *Full Name of Mother* Florence L. Carter
6. *Mother's Maiden Name* Florence L. Thomas
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jno M. Carter.
9. *Father's Occupation* Attorney at Law.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Riley

Address 47 Lexington St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

694

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1925 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Feby. 1st 1875

4. *Place of Birth* (Street and Number) S Wheatcroft St.

5. *Full Name of Mother* Ann Eliza Swann Llewellyn.

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Richmond Va.

8. *Full Name of Father* George Francis Swann

9. *Father's Occupation* Coach trimmer

10. *Father's Birthplace* Caroline Co. Va.

Name of Medical Attendant, or other Person who makes this Return. William H. Murray M.D

Address S. E. Cor. Patterson Ave & Strieker St.

Remarks

Labor Natural

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

695

HEALTH DEPARTMENT
FEB
6
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 1 Feb

4. Place of Birth (Street and Number) 235 Mercer

5. Full Name of Mother Susana Hudson

6. Mother's Maiden Name Susana Brown

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Edward Hudson

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Susan Lee

Address .....

Remarks .....

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

696

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth February the 1st

4. Place of Birth (Street and Number) 181 N. Pratt st

5. Full Name of Mother Kate Elizabeth Kelly

6. Mother's Maiden Name Kate Elizabeth Richmon

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Henry Kelly

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Jno Mercer

Address 136 Mc. Henry st

Remarks Mother and child are doing well

RETURN OF A BIRTH.

697

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th.
1. Sex-(state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby. 1. 1875.
4. Place of Birth (Street and Number)	258 - Wm. St. South
5. Full Name of Mother	Hannah Wilkinson
6. Mother's Maiden Name	Hannah Kavanagh
7. Mother's Birthplace	Baltimore, Md. America.
8. Full Name of Father	Alexander Wilkinson
9. Father's Occupation	Sailor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno. M. Sullivan, M. D.
Address	116 Thames Street.
Remarks	Still born, 4 months Fetus.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

698

HEALTH DEPARTMENT FEB 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st Feby.
4. Place of Birth (Street and Number)	Patterson Pk. Nr. No. 2
5. Full Name of Mother	Mary E. Campbell
6. Mother's Maiden Name	Mary E. Malone
7. Mother's Birthplace	Wales
8. Full Name of Father	Patrick Campbell
9. Father's Occupation	Sea Captain - Dead
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Wiley Patterson Pk. Nr. No 2.
Address	[redacted]
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

699

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d. Child.
1. Sex (state whether Male or Female)	Female. Living
2. Race or Color (if not of the white race)	—
3. Date of Birth	February 1st 1875.
4. Place of Birth (Street and Number)	112 Lee St.
5. Full Name of Mother	Mary E. Foxwell.
6. Mother's Maiden Name	Mary E. Fowler.
7. Mother's Birthplace	Cecil Co. Md.
8. Full Name of Father	Wm. Foxwell.
9. Father's Occupation	Pilot.
10. Father's Birthplace	Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address	15-8 S. Sharp St.
Remarks	

RETURN OF A BIRTH.

700

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* American
3. *Date of Birth* Feb 1st 1875
4. *Place of Birth (Street and Number)* 10 Ridgely Av
5. *Full Name of Mother* Anna Braun
6. *Mother's Maiden Name* " Lorman
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Geo. H. Braun
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Benson MD

Address 14 Hanover Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) ~~Feb 1st 1875~~ White
3. Date of Birth Feb 1st 1875
4. Place of Birth (Street and Number) Burgund Ally
5. Full Name of Mother Sophia Hoslup
6. Mother's Maiden Name " Ford
7. Mother's Birthplace Balto
8. Full Name of Father Thos Hoslup
9. Father's Occupation Fisherman
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Bonsall

Address 144 Hanover St

Remarks

RETURN OF A BIRTH." 702

HEALTH DEPARTMENT FEB. 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Nine (9)
1. Sex (state whether Male or Female)	White Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 5th
4. Place of Birth (Street and Number)	363 Eastern Ave
5. Full Name of Mother	Minnie E. Murdock
6. Mother's Maiden Name	Minnie E. Hughes
7. Mother's Birthplace	Europe
8. Full Name of Father	Jas E. Murdock
9. Father's Occupation	Ship Builder
10. Father's Birthplace	Havre de Grace Harford County
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	31 Eugene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

703

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 — 4 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) American White
3. Date of Birth February 1 1875
4. Place of Birth (Street and Number) Asquith St No 382 Balt Md
5. Full Name of Mother Amalie Fuhr
6. Mother's Maiden Name Amalie Fuhr
7. Mother's Birthplace Prussia
8. Full Name of Father Frederick Fuhr
9. Father's Occupation Tanner
10. Father's Birthplace Hanover O

Name of Medical Attendant, or other Person who makes this Return. Mrs Bessie Uttig

Address 48 Holland St Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

704

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 — 1 child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) American - White

3. Date of Birth Febuary 1st 1875

4. Place of Birth (Street and Number) 169 Central Avenue

5. Full Name of Mother Theresia Knighten

6. Mother's Maiden Name Theresia Lessner

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Peter Knighten

9. Father's Occupation Carriage maker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose - ulbig

Address 48 Holland St Baltimore Md

Remarks

red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb- the 1st 1875
4. Place of Birth (Street and Number)	East Lombard St. No- 11
5. Full Name of Mother	Mary Dietzel
6. Mother's Maiden Name	" " Frisch
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad Dietzel
9 Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	No 151 East Pratt St-
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

706

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male ~~or Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 1st 1875

4. Place of Birth (Street and Number) Baltimore E. Fayette St. No. 220

5. Full Name of Mother Virginia Spamer

6. Mother's Maiden Name Virginia Schneider

7. Mother's Birthplace Frederickstown Va.

8. Full Name of Father William Spamer.

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th F. Wh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 18th
4. Place of Birth (Street and Number)	No 416 N. Lombard St
5. Full Name of Mother	Mary Fallon
6. Mother's Maiden Name	Mary Magoon
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Joseph Fallon
9. Father's Occupation	Brick Agent
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	A. L. Spencer M.D.
Address	819 N. Lombard St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 Th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr 1. 75
4. Place of Birth (Street and Number)	94. Chapel St
5. Full Name of Mother	Margaretta Champlin
6. Mother's Maiden Name	Mygarette Linnard
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jam Champlin
9. Father's Occupation	Horse Dealer
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	West Buchanan
Address	20. West St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	2 d
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st of February 1875
4. Place of Birth (Street and Number)	24 N. High Street
5. Full Name of Mother	Auguste Loise Schild
6. Mother's Maiden Name	Auguste Louse Hoffman
7. Mother's Birthplace	Kassel Germany
8. Full Name of Father	George Karl Schild
9. Father's Occupation	Stone Mason
10. Father's Birthplace	from Hof Baveria
Name of Medical Attendant, or other Person who makes this Return.	Mrs L Reitz Midwife
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

710

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 1st 75 - 3.55 AM
4. Place of Birth (Street and Number)	No 251 Battery ave
5. Full Name of Mother	Mary Margaret Sharp
6. Mother's Maiden Name	Mary Margaret Lappington
7. Mother's Birthplace	Anne Arundel Co Md
8. Full Name of Father	Jno. W. Sharp
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City Md.
Name of Medical Attendant, or other Person who makes this Return.	D H Leech M.D.
Address	108 S. Sharp St.
Remarks	Natural Labor.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb: 1st 1875
4. Place of Birth (Street and Number)	No. 120 N. Schroeder St.
5. Full Name of Mother	Catherine J. McGuirk,
6. Mother's Maiden Name	Catherine J. Fitzpatrick,
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bernard McGuirk
9. Father's Occupation	Butter Dealer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Felix Jourdan M.D.
Address	148 Mulberry St.
Remarks	Child, Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

712

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 1st 1875
4. Place of Birth (Street and Number)	49 George St
5. Full Name of Mother	Mary Robins
6. Mother's Maiden Name	Mary Ostermann
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James Robins
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenger
Address	214 Preston St
Remarks	Child born at 1 O'clock Am Died at 10½ P.M. from Natural causes.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

713

HEALTH DEPARTMENT FEB 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 th child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth February 1.st

4. Place of Birth (Street and Number) No 294 S. Paca St

5. Full Name of Mother Mrs Caroline Rödiger

6. Mother's Maiden Name Caroline

7. Mother's Birthplace Sachs-Meiningen

8. Full Name of Father Friedrich Rödiger

9. Father's Occupation Shoemaker

10. Father's Birthplace Schwarzburg-Rudolstadt

Name of Medical Attendant, or other Person who makes this Return. Heinrich Rödiger

Address No 287 S. Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex (state whether Male or Female) Son Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 2nd 1875

4. Place of Birth (Street and Number) 243 Franklin St

5. Full Name of Mother Louisa Nelken

6. Mother's Maiden Name Louisa Gracely

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Nelken

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Henrietta Gardner

Address 16 S Schroeder St Balt

Remarks Vaccinated

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Second February
4. Place of Birth (Street and Number) 23 Washington St.
5. Full Name of Mother Mary Huber
6. Mother's Maiden Name Hasse
7. Mother's Birthplace Germany
8. Full Name of Father Charles Huber
9. Father's Occupation Shoemaker,
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Maryrose Rudiger

Address 134 North Bond

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No 2
716

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Ex White Irish
3. Date of Birth February 2nd 1875 12 15 P.M. Tue
4. Place of Birth (Street and Number) P 124 S Washington St
5. Full Name of Mother Mrs Mary Ann Hogan
6. Mother's Maiden Name Mary Ann McArdle
7. Mother's Birthplace Spring & Monument St
8. Full Name of Father Thomas Francis Hogan
9. Father's Occupation Police Officer
10. Father's Birthplace Louden Park Cemetry Balto County

Name of Medical Attendant, or other Person who makes this Return. Dr James E. Downie

Address 299 E. Baltimore St

Remarks

RETURN OF A BIRTH.

717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color "
3. Date of Birth	Feb. 2d
4. Place of Birth (Street and Number)	136 Stirling St
5. Full Name of Mother	Martha A. Mondonny
6. Mother's Maiden Name	" " Trusty
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jas. Mondonny
9. Father's Occupation	Cutter
10. Father's Birthplace	Balto "
Name of Medical Attendant, or other Person who makes this Return.	Dr. E. C. Jordan
Address	225 Aisquith St City
Remarks	— —

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
(state whether Male or Female)	Male
or Color (if not of the white race)	White
of Birth	February 2nd
e of Birth (Street and Number)	154 Cross St
Name of Mother	Annie Augusta Jones
er's Maiden Name	Woolford
er's Birthplace	Dorchester County
Name of Father	Charles Wesley Jones
er's Occupation	Huckster
er's Birthplace	Dorchester County
ne of Medical Attendant, or other Person who makes this Return.	J. C. Bunch M.D.
ress	141 Hanover St
arks	

RETURN OF A BIRTH.

719

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 2d 1875
4. Place of Birth (Street and Number)	#167 Register St. F.P.
5. Full Name of Mother	Martha Holland Gill.
6. Mother's Maiden Name	Martha Holland
7. Mother's Birthplace	America.
8. Full Name of Father	William Gill
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	#187 S Chapel St. F.P.,
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

720

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) very good time cry fair White

1. Sex (state whether Male or Female) Male chile
2. Race or Color (if not of the white race) colord little yellow chile
3. Date of Birth second day fo febuary
4. Place of Birth (Street and Number) Baltimore pach aly No 2
5. Full Name of Mother Annia M Waters
6. Mother's Maiden Name Annie M Williams
7. Mother's Birthplace cross in a varannial county
8. Full Name of Father Edward J Waters
9. Father's Occupation oysters suck
10. Father's Birthplace easter shur myland sumerset county

Name of Medical Attendant, or other Person who makes this Return. Mary dorsey

Address Mid Wife lives in Benetta st 17

Remarks price five dollars

RETURN OF A BIRTH.

~~271~~
721

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feby 2nd 1875
4. Place of Birth (Street and Number) 119 N Howard St
5. Full Name of Mother Annie Omara
6. Mother's Maiden Name Annie Donohue
7. Mother's Birthplace Virginia
8. Full Name of Father Patrick Omara
9. Father's Occupation Hatter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. P S Kimmerman M.D.

Address 73 East Pratt Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

722
723

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th & 5th (Twins)

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 2nd 1875
4. Place of Birth (Street and Number) 133 S. Eutaw St.
5. Full Name of Mother Mary Lizzie Schamberger
6. Mother's Maiden Name " " Debring
7. Mother's Birthplace Maryland
8. Full Name of Father Henry M Schamberger
9. Father's Occupation Dealer in Boots & Shoes
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller M.D.

Address 89 N. Greene St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and Residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

724

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 2d 1875
4. *Place of Birth (Street and Number)* Chestnut 138
5. *Full Name of Mother* Henritta C Young
6. *Mother's Maiden Name* Henritta C Harden
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Henry Young
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant or other Person who makes this Return. E. G. Baldwin M.D.

Address 124 N Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 2nd

4. Place of Birth (Street and Number) Balto near Fremont

5. Full Name of Mother Lizzie McClatchy

6. Mother's Maiden Name Lizzie Winter

7. Mother's Birthplace Balto

8. Full Name of Father Geo McClatchy

9. Father's Occupation Plumber

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. D. P. Hoffman M.D.

Address

Remarks These reports have been delayed in consequence of being seriously sick and confined to bed during the past week.

D. P. Hoffman M.D.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

726

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 2 February 1875
4. Place of Birth (Street and Number) 9 Schuw st
5. Full Name of Mother Mary Freichmenn
6. Mother's Maiden Name Mary Soeter
7. Mother's Birthplace Germany
8. Full Name of Father John Freichmenn
9. Father's Occupation Blacksmith
10. Father's Birthplace Hannover

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 Monument

Remarks

RETURN OF A BIRTH.

727

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	White
1. Sex (state whether Male or Female)	White. Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feburey 21st 1875
4. Place of Birth (Street and Number)	No 1105 Ridley Street
5. Full Name of Mother	Emily E Jinkins
6. Mother's Maiden Name	Emily E East
7. Mother's Birthplace	Baltimore, M.D.
8. Full Name of Father	Henry: P. East
9. Father's Occupation	Painter
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Mary Notdarene
Address	No 70 Russell Street
Remarks	

728

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 24 February
4. *Place of Birth (Street and Number)* Lexington Street 147
5. *Full Name of Mother* Josephine Brede
6. *Mother's Maiden Name* Bruinlein
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Siemon Brede
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr J. Reinhard

Address 224 W. Fayette Street

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

792 329

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 3rd
4. Place of Birth (Street and Number)	Pratt St No 780
5. Full Name of Mother	Elizibett Gugehere
6. Mother's Maiden Name	" " Smith
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	John Gugehere
9. Father's Occupation	Clerk
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Mary Hoole
Address	128 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

730

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 2nd 1875
4. Place of Birth (Street and Number)	4 Portland St
5. Full Name of Mother	Elizabeth T. Maull
6. Mother's Maiden Name	Shane
7. Mother's Birthplace	Balto City
8. Full Name of Father	Edward T Maull
9. Father's Occupation	Merchant
10. Father's Birthplace	Delaware
Name of Medical Attendant, or other Person who makes this Return.	Jas Kenney
Address	76 Race St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

731

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February the 2nd
4. Place of Birth (Street and Number)	No 38 Fremont St
5. Full Name of Mother	Annie E. Temple
6. Mother's Maiden Name	Annie E Horn
7. Mother's Birthplace	York Pennsylvania
8. Full Name of Father	William J. Temple
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. L. Buddenbohn
Address	No 106 Columbia St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb'ry 2nd 1875
4. Place of Birth (Street and Number) No. 276 S ann Strat
5. Full Name of Mother Mary Balcarowska
6. Mother's Maiden Name " Berkman
7. Mother's Birthplace Germany
8. Full Name of Father August Balcarowska
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C Bundel

Address No 208 South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

733

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 5 1895 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Feb 4th 1895

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 2nd 1895.
4. Place of Birth (Street and Number) No 175 Collington ave.
5. Full Name of Mother Anna Friedrich
6. Mother's Maiden Name Anna Walz
7. Mother's Birthplace Germania.
8. Full Name of Father George Friedrich
9. Father's Occupation Trade Laborer.
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 137 S. Wolf St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 2nd 1875

4. Place of Birth (Street and Number) 273 Preston St

5. Full Name of Mother Kate Courtney

6. Mother's Maiden Name Kate Tobin

7. Mother's Birthplace Cork Ireland

8. Full Name of Father John Courtney

9. Father's Occupation Laborer

10. Father's Birthplace Cork Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Messenger [illegible]

Address 214 Preston St

Remarks Child Died Feb 4th at 4 O'clock A.M.

[illegible]

735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 4 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth the 2th of February 1875
4. Place of Birth (Street and Number) 128 Columbia St.
5. Full Name of Mother Anna Wiliams
6. Mother's Maiden Name Anna Weidner
7. Mother's Birthplace Baltimore
8. Full Name of Father James Henry Mc. Williams
9. Father's Occupation Ribbyter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amalie Gerstenberger

Address 104 Columbia Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

736

HEALTH DEPARTMENT
FEB 3 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3. Th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr 2. 75
4. Place of Birth (Street and Number)	24 Rogers Av
5. Full Name of Mother	Maria Jaffe
6. Mother's Maiden Name	Maria Klein
7. Mother's Birthplace	Balt City
8. Full Name of Father	Wm Jaffe
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Balt City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Wunderlich
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth February 2nd 1875

4. Place of Birth (Street and Number) No 484 W Baltimore St

5. Full Name of Mother Mary R ~~Tyson~~

6. Mother's Maiden Name " " Groff

7. Mother's Birthplace Sherpstown Salem Co New Jersey

8. Full Name of Father Josh J H Tyson

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. W G Rider

Address 87 Mulberry St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Only 1 Girl Child

1. Sex (state whether Male or Female) 1 femal
2. Race or Color (if not of the white race) Yeallen
3. Date of Birth February 2, 1875
4. Place of Birth (Street and Number) No 3 Philpot St Baltimore Md
5. Full Name of Mother Sarah Mealea Richfield married to John Gor Alexandra
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Georges Alexandra
9. Father's Occupation Corker
10. Father's Birthplace Trenadad West inda

Name of Medical Attendant, or other Person who makes this Return. Mcreek Md

Address Cor of North & Pleasant Sts

Remarks Non

739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd February 1875
4. Place of Birth (Street and Number)	33 Saratoga Street Canton
5. Full Name of Mother	Harriet Cathrine Cullens
6. Mother's Maiden Name	Harriet Cathrine Holt
7. Mother's Birthplace	Frederick County Md.
8. Full Name of Father	John Richard Cullens
9. Father's Occupation	Heater
10. Father's Birthplace	Frederick County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Cullens
Address	104 Curley Street Canton
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics of the City of Baltimore.

740

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 3d.
4. Place of Birth (Street and Number)	Mulberry one door below Pearl Street
5. Full Name of Mother	Anna Husel
6. Mother's Maiden Name	Anna Hasslab
7. Mother's Birthplace	Prussian Germany
8. Full Name of Father	J. Husel
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussian Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

741

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 4 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Kind

1. Sex (state whether Male or Female) Männlich

2. Race or Color (if not of the white race) Weiss

3. Date of Birth 3. February ~~& Dallas St No 319.~~

4. Place of Birth (Street and Number) Dallas St No 319

5. Full Name of Mother Marriner Kummer

6. Mother's Maiden Name Marriner Wolf

7. Mother's Birthplace geboren in Baltimore

8. Full Name of Father Peter Kummer

9. Father's Occupation Zimmerman

10. Father's Birthplace geboren in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Bürger Müller

Address

Remarks

RETURN OF A BIRTH.

742

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 3rd 1875. 10.30 P m.
4. Place of Birth (Street and Number)	192 Preston St Balto
5. Full Name of Mother	Carlina Lamp
6. Mother's Maiden Name	Carlina Lang
7. Mother's Birthplace	Germany
8. Full Name of Father	John Lamp
9. Father's Occupation	Brick & Stone Mason.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Randolph Winslow M D
Address	23 n Eutaw St Balto Md
Remarks	Child delivered with forceps, living & doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Returns of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

713

HEALTH DEPARTMENT FEB 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb 4th 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 3rd 1875.
4. *Place of Birth (Street and Number)* No 260 Allicanin St.
5. *Full Name of Mother* Mary Matte-s
6. *Mother's Maiden Name* Mary Banner
7. *Mother's Birthplace* America
8. *Full Name of Father* Joseph Matte.
9. *Father's Occupation* Grade
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Wm. M. Arnend.

Address No 137 S. Wolf St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

For Records of Births in the City of Baltimore

RETURN OF A BIRTH.

74-4

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	3. Feburay 1875.
4. Place of Birth (Street and Number)	West St. No. 48.
5. Full Name of Mother	Christina Shurman
6. Mother's Maiden Name	Christine Senger
7. Mother's Birthplace	Hanover Gennany
8. Full Name of Father	Joseph Shurman
9. Father's Occupation	Caperter
10. Father's Birthplace	Hanover Gennany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St. No. 126.
Remarks	

745 475

HEALTH DEPARTMENT
FEB 13 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3 February 1875
4. Place of Birth (Street and Number) Baltimore No. 101 Rubberhead St
5. Full Name of Mother Elcebed Sohlein
6. Mother's Maiden Name Elcebed Stager
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Sohlein
9. Father's Occupation Latter
10. Father's Birthplace Wisconsin

Name of Medical Attendant, or other Person who makes this Return. Mary Bangord

Address S. Bethel ~~Patch~~ St No 31

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

746

HEALTH DEPARTMENT
FEB
5
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Febr. 3d 1875
4. Place of Birth (Street and Number)	Hollins St 265
5. Full Name of Mother	mrs Bertha Tina
6. Mother's Maiden Name	Bertha Binswanger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Tina
9. Father's Occupation	merchant
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	Gustavus Liebmann M.D
Address	58 N. Front St
Remarks	

RETURN OF A BIRTH.

747

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record by Vital Statistics of the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	February 3rd. 1875
4. Place of Birth (Street and Number)	128 N. Schroeder St.
5. Full Name of Mother	Kate Magdalen Conlon
6. Mother's Maiden Name	" " Coogan
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Andrew Joseph Conlon
9. Father's Occupation	Printer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Wright M.D.
Address	112 N. Greene St.
Remarks	

748

HEALTH DEPARTMENT
FEB. 6 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 3th February 875
4. Place of Birth (Street and Number) 102. Central Av.
5. Full Name of Mother —o—
6. Mother's Maiden Name Ellen Hofmann
7. Mother's Birthplace Baltimore
8. Full Name of Father —o—
9. Father's Occupation —o—
10. Father's Birthplace —o—

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52. E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

7149

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	3 d February 1875
4. Place of Birth (Street and Number)	114 S. Wolf St.
5. Full Name of Mother	Eliza Kreutzer
6. Mother's Maiden Name	" Riehl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Theodor Kreutzer
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52. E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

750

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colred
3. Date of Birth	Feb 3rd 1875
4. Place of Birth (Street and Number)	50 Tyson St
5. Full Name of Mother	Sarah Brown
6. Mother's Maiden Name	Sarah Madden
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Chas H Brown
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Annie Messenzehl (midwife)
Address	214 Preston St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d One Male and one female
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	White race.
3. Date of Birth	Wednesday the 3 of February
4. Place of Birth (Street and Number)	North High St 110
5. Full Name of Mother	Annie Cherry
6. Mother's Maiden Name	Annie Lenord
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William E Cherry
9. Father's Occupation	He drives for the Boat Company
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	No 121 S Hanover St.
Remarks	Baltimore City

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 3rd
4. Place of Birth (Street and Number)	N. W. Cor. Harford Ave & John st.
5. Full Name of Mother	Mary C. Adams
6. Mother's Maiden Name	" " Knight
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Wm Adams
9 Father's Occupation	Wheelwright
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anna Regina Winter
Address	174 Harford Ave
Remarks	

RETURN OF A BIRTH.

753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Street Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) W
3. Date of Birth Feb - 3rd
4. Place of Birth (Street and Number) Lancaster St. No- 46
5. Full Name of Mother Mary Granville
6. Mother's Maiden Name " " Ewig
7. Mother's Birthplace Germany
8. Full Name of Father Jacob Grandville
9. Father's Occupation Laboror
10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address No 151 East Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

734

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) —
3. Date of Birth 3 Feb. 1875
4. Place of Birth (Street and Number) Baltimore St. 453
5. Full Name of Mother Margaretha Bayer
6. Mother's Maiden Name Margaretha Briel
7. Mother's Birthplace Marburg (Germany)
8. Full Name of Father George Bayer
9. Father's Occupation Merchant tailor
10. Father's Birthplace Rattelsdorf (Bavaria)

Name of Medical Attendant, or other Person who makes this Return. J. H. Heldmann M.D.

Address 120 Pearl St. Baltimore

Remarks

RETURN OF A BIRTH.

755

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	July 3rd 1875
4. Place of Birth (Street and Number)	170 Franklin St
5. Full Name of Mother	Emily O'Brien
6. Mother's Maiden Name	Johnson
7. Mother's Birthplace	Balto
8. Full Name of Father	Joseph O'Brien
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	C Weis Law
Address	23 M'Culloh st Balto
Remarks	

756

HEALTH DEPARTMENT
FEB 17 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 3rd 1875
4. Place of Birth (Street and Number) 203 Gough St
5. Full Name of Mother Joanna Lackey
6. Mother's Maiden Name Joanna Donnovent
7. Mother's Birthplace Ireland
8. Full Name of Father John Monkur Lackey
9. Father's Occupation Ship-joiner
10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville. Rust M.D.

Address Balt. & Washington Sts

Remarks Natural

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 3d 1875
4. Place of Birth (Street and Number)	331 S Charles st
5. Full Name of Mother	Amelia Gagan
6. Mother's Maiden Name	" Willis
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	Roe Gagan
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	C H Lewis
Address	No 162 Hanover St Balto
Remarks	Hearty & Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

758.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 3rd
4. Place of Birth (Street and Number)	Lemmon St 4th door from Monroe
5. Full Name of Mother	Mary Wall
6. Mother's Maiden Name	Mary Confflush
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Wall
9. Father's Occupation	Hair finisher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	M. D. Lemmon
Address	No 238 West Mt Vernon St
Remarks	Strong healthy child

759

HEALTH DEPARTMENT
FEB 9 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Third Day of February
4. Place of Birth (Street and Number) 220 German Street
5. Full Name of Mother Anne Curtain
6. Mother's Maiden Name Annie Garwood
7. Mother's Birthplace County Galway Ireland
8. Full Name of Father Patrick Curtain
9. Father's Occupation Restaurant Keeper.
10. Father's Birthplace County Limerick Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Lindner

Address No. 43 Son. Monroe Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

760

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Jan 30th 1875. 5. A. M.
4. Place of Birth (Street and Number) No 70. N. Castle st.
5. Full Name of Mother Anna Johanna Meidlen
6. Mother's Maiden Name " " Gottaleben
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Frederick Miller
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore City
Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschn M.D.
Address 27. N. Broadway
Remarks I was called to the above child March 8th to attend it for croup and found that it had not been registered

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Vital Records of the Statistics of the City of Baltimore.

RETURN OF A BIRTH.

761

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feby 3rd 1875
4. Place of Birth (Street and Number)	91 S Dallas St
5. Full Name of Mother	Harriet A Gambre
6. Mother's Maiden Name	H A Travis
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	Wm E Gambre
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	S L Simmons M.D.
Address	73 East Pratt Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore

RETURN OF A BIRTH.

762

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 3rd 1875
4. *Place of Birth (Street and Number)* Chatsworth Street 74
5. *Full Name of Mother* Frances E. Goldsborough
6. *Mother's Maiden Name* Frances E. Dorsey
7. *Mother's Birthplace* Hayford Co. Md
8. *Full Name of Father* John W. Goldsborough
9. *Father's Occupation* Undertaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Fanny Dutton

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

763

HEALTH DEPARTMENT
FEB 10 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) three children

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Wheith
3. Date of Birth Wednsday 3th of February 1875
4. Place of Birth (Street and Number) No. 99 Lancaster Street
5. Full Name of Mother Marcyanna Chmielewska
6. Mother's Maiden Name Marcyanna Novakowska
7. Mother's Birthplace in Koczotkowo by Gnesen Prussen
8. Full Name of Father Walenty Chmielewski
9. Father's Occupation Labet workman by B. d. [illegible]
10. Father's Birthplace in Modliszewo by Gnesen Prussen

Name of Medical Attendant, or other Person who makes this Return. Cecelyjo Zygaj

Address Mr. Frank Bohm ~~[illegible]~~ in Thames St. between [illegible]

Remarks Chail is very well

reet Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

764

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 4th February 875.
4. *Place of Birth* (Street and Number) 75 1/2 East Stone
5. *Full Name of Mother* Anna Buckley
6. *Mother's Maiden Name* Gallagher
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Burkley
9. *Father's Occupation* Porter
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St

Remarks

RETURN OF A BIRTH.

765

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall neglect, refuse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 11th 1875
4. Place of Birth (Street and Number)	Baltimore Lombard st 117
5. Full Name of Mother	Jane Galloway
6. Mother's Maiden Name	Jane Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charley Galloway
9. Father's Occupation	finisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mitchell
Address	58 Parkin st.
Remarks	

766

HEALTH DEPARTMENT
FEB 24 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb. 8 Wtt 1875

4. Place of Birth (Street and Number) No. 308 Bank St.

5. Full Name of Mother Johannia Kelley

6. Mother's Maiden Name Baldwin

7. Mother's Birthplace Ireland

8. Full Name of Father John Kelley

9. Father's Occupation Stone Maker

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. H. J. Gately M.D.

Address 2 H.A. Bank St.

Remarks

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

767

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 4° child

(state whether Male or Female) Male

e or Color (if not of the white race) White

of Birth February 4° 1875

e of Birth (Street and Number) N° 279 Franklin St

Name of Mother Mary Virginia Hickey

er's Maiden Name Mary Virginia Posey

er's Birthplace Washington D. C

Name of Father Edward B. J. Hickey

er's Occupation Merchant

er's Birthplace Baltimore Md

me of Medical Attendant, or other Person who makes this Return. H. Chatard

dress N° 114 Park Avenue

marks

768

HEALTH DEPARTMENT
FEB 16 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Febr. 4.
4. Place of Birth (Street and Number) N 37 Lemon Str.
5. Full Name of Mother Eleonore Nordbruch
6. Mother's Maiden Name " " " Fuchs.
7. Mother's Birthplace Frankenberg (Germania.)
8. Full Name of Father Herm. Heinrich Georg Nordbruch
9. Father's Occupation Cigar Boxmaker Mann.
10. Father's Birthplace Weserdeich Oldenburg (Germania)

Name of Medical Attendant, or other Person who makes this Return. Mss. Dumler

Address No. 61 N. Schroeder Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

769

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex (state whether Male or Female) a Male
2. Race or Color (if not of the white race) White race
3. Date of Birth 4th of February
4. Place of Birth (Street and Number) No 102 Fremount Street.
5. Full Name of Mother Johanna Wosch
6. Mother's Maiden Name Johanna ~~Kriet~~ Kriwitz.
7. Mother's Birthplace in city ~~Kriwitz~~ Germany Setter
8. Full Name of Father Edward Wosch
9. Father's Occupation a Cigar manufactory
10. Father's Birthplace in Germany city Prussian

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Thresa Eigeldinger.

Address No 14 Union Street.

Remarks

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

770

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Feb. 4th 75
4. *Place of Birth (Street and Number)* 130 Stirling
5. *Full Name of Mother* Jetaphine Ariella Trusty
6. *Mother's Maiden Name* " " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Dodd
9. *Father's Occupation* General Labour
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Dr Geo. W. Wayne

Address 18 Aisquith St

Remarks the child is healthy

RETURN OF A BIRTH.

771

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Ln
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	"
3. Date of Birth	4 " Febrnar 875
4. Place of Birth (Street and Number)	48. E. Lombard St.
5. Full Name of Mother	Marie Schott.
6. Mother's Maiden Name	" Rasch
7. Mother's Birthplace	Germany.
8. Full Name of Father	Bernhard Schott.
9. Father's Occupation	" Lithographer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah. Casper
Address	52. E. Lombard St. "
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

See Record of Vital Statistics in the City of Baltimore.

772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 4th 1875
4. Place of Birth (Street and Number) Front Street 278
5. Full Name of Mother Sarah E. Magraw
6. Mother's Maiden Name Connoly
7. Mother's Birthplace Ireland
8. Full Name of Father James J. Magraw
9. Father's Occupation Expressman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 122 E. Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

773

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 4th
4. Place of Birth (Street and Number)	107 N Schroeder
5. Full Name of Mother	Mary L Hauser
6. Mother's Maiden Name	Mary L Roumel
7. Mother's Birthplace	Stuttgart Wordenburg
8. Full Name of Father	John F Hauser
9. Father's Occupation	Minister of the Gospel
10. Father's Birthplace	Switzerland
Name of Medical Attendant, or other Person who makes this Return.	John D Pennington MD.
Address	210 Franklin St
Remarks	City

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Records of Vital Statistics of the City of Baltimore.

RETURN OF A BIRTH.

774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 — 1875
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	American White
3. Date of Birth	February 4th 1875
4. Place of Birth (Street and Number)	Holland St No 40
5. Full Name of Mother	Jenny Tyler
6. Mother's Maiden Name	Jenny Andrews
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Harry Tyler
9 Father's Occupation	Gas fitter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rosie Kelly
Address	45 Holland St Baltimore Md
Remarks	

Penalty. That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1st~~ 1st

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) —
3. Date of Birth ~~Cook st. 27~~ 4th of Feb. 1875
4. Place of Birth (Street and Number) Cook st 27
5. Full Name of Mother Ulrike Lyman
6. Mother's Maiden Name Ulrike Mueller
7. Mother's Birthplace Ludwigsburg Wuertenberg (Germany)
8. Full Name of Father Charles B. Lyman
9. Father's Occupation Coppersmith
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. A. Hellmann M.D.

Address 120 Barlt Baltimore

Remarks

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

776

HEALTH DEPARTMENT
FEB 9 1875
BALTIMORE.

51

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Negro
3. *Date of Birth*	Feb 4th 1875
4. *Place of Birth* (Street and Number)	3 Morris Court
5. *Full Name of Mother*	Emeline Newman
6. *Mother's Maiden Name*	Emeline Gilbert
7. *Mother's Birthplace*	Harford County Maryland
8. *Full Name of Father*	James Newman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Randolph Winslow M.D
Address	23 McCulloh St. Balto
Remarks	Mother & child doing well at this time - Feb 7th

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty imposed by Public Statutes of the City of Baltimore.

727

HEALTH DEPARTMENT
FEB 9 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) —
3. Date of Birth Feb. 4th 1875
4. Place of Birth (Street and Number) 45 Mulberry St.
5. Full Name of Mother Susie A. Martin
6. Mother's Maiden Name " " Bannan
7. Mother's Birthplace Talbot C. Md.
8. Full Name of Father Chas A Martin
9. Father's Occupation Farmer (Retired)
10. Father's Birthplace Talbot C. Md.

Name of Medical Attendant, or other Person who makes this Return. N. H. Crim M.D.

Address N. E. Cor. Paca & Fayette Sts.

Remarks

Mother doing well — nauseatorium

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

778

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 4 February
4. *Place of Birth (Street and Number)* Somerset Str 84
5. *Full Name of Mother* Barbara
6. *Mother's Maiden Name* Fatner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Theodor Rebbert
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Dorothea D'Jare Midwife

Address N. 240 Eager Street

Remarks

779

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 11th 1875
4. Place of Birth (Street and Number)	85 Frederick Avenue
5. Full Name of Mother	Sarah Ellen Norman
6. Mother's Maiden Name	Sarah Ellen Ward
7. Mother's Birthplace	Friendship Anne Arundle Co.
8. Full Name of Father	William E. Norman
9. Father's Occupation	Machinist
10. Father's Birthplace	Charles Co.
Name of Medical Attendant, or other Person who makes this Return.	Jno G. Holliday
Address	Carrollton P.O. Balto. Co.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

780

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth Feb 4th 1875

4. Place of Birth (Street and Number) 551 Light Street.

5. Full Name of Mother Mary Schultz

6. Mother's Maiden Name Mary Berger.

7. Mother's Birthplace Germania

8. Full Name of Father Robert Schultz

9. Father's Occupation Cabinet maker

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Lerune.

Address 114 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

781

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th / Ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feby 4th 1875.
4. Place of Birth (Street and Number)	361 E Pratt cor Castle St
5. Full Name of Mother	Marion D Janney
6. Mother's Maiden Name	Marion E. Dean
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	William M Janney
9. Father's Occupation	Secretary & Treasurer Canton Co of Balto
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	J. Schmidt MD
Address	No 92 North Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Feb 4th 75

4. *Place of Birth (Street and Number)* 162 Franklin

5. *Full Name of Mother* Lenny Reid Armor

6. *Mother's Maiden Name* Leah Reid Dixon

7. *Mother's Birthplace* Ayr Scotland

8. *Full Name of Father* Geo F Armor

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Chestertown

Name of Medical Attendant, or other Person who makes this Return. J. K. Ashler M.D.

Address 234 W Fayette St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth February 4th 1875
4. Place of Birth (Street and Number) No 68 Oregon St
5. Full Name of Mother Sarah A Bokman
6. Mother's Maiden Name " " Borgeault
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Francis R Bokman
9. Father's Occupation Paper Hanger
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W E Rider

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

784

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Hettie Baldwin

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 4. 1875
4. Place of Birth (Street and Number)	152 Conway.
5. Full Name of Mother	Jane Baldwin
6. Mother's Maiden Name	Jane Bolen
7. Mother's Birthplace	Dorchester County Md
8. Full Name of Father	John F Baldwin
9. Father's Occupation	Moulder
10. Father's Birthplace	Anne Arundell Co Md
Name of Medical Attendant, or other Person who makes this Return.	W. C. Knowles
Address	55 Sharp St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

~~784~~
785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth child

1. Sex (state whether Male or Female) ~~Female~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feby 4th 1875
4. Place of Birth (Street and Number) No. McMechin st 2d door east of Oblm st
5. Full Name of Mother E. J. Leslie Frick
6. Mother's Maiden Name Eliza Jane Leslie Witherspoon
7. Mother's Birthplace Mobile
8. Full Name of Father William Frick
9. Father's Occupation Engineer by Profess.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Riggin Buckler

Address 135 N Charles st

Remarks Labor Natural

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

786

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 5 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* [illegible]
4. *Place of Birth (Street and Number)* 279 E. Baltimore
5. *Full Name of Mother* Mrs. Minnie Holt
6. *Mother's Maiden Name* Wright
7. *Mother's Birthplace* St. Nicholas Talbot Co
8. *Full Name of Father* Henry Clay Holt
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 207 S. Broadway

Remarks Premature

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

787

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 5th 1875

4. Place of Birth (Street and Number) Division near Mt. Meacham st

5. Full Name of Mother Mrs Barbara Ellen Mitchell

6. Mother's Maiden Name Barbara Ellen Geiglein

7. Mother's Birthplace Baltimore

8. Full Name of Father Bolton Mitchell

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Dickson M.D.

Address 261 Madison Avenue

Remarks Healthy large child Natural labor

Name Louisa Bolton Mitchell

RETURN OF A BIRTH.

788

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 5
4. *Place of Birth (Street and Number)* No 113 Central avenue
5. *Full Name of Mother* Margrata Weber
6. *Mother's Maiden Name* Margrata Henricks
7. *Mother's Birthplace* Lauern
8. *Full Name of Father* Jacob Weber
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Bauern

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemond

Address No 70 Franby st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

789

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 5th 1875
4. Place of Birth (Street and Number)	523 West Lombard Street
5. Full Name of Mother	Lucretia Zeigler
6. Mother's Maiden Name	Lucretia Zeigler
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry L Zeigler
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	E Goverbox M.D.
Address	512 West Balto St
Remarks	

Return made Feb 8th 1875

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Childern

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Withe
3. Date of Birth Yourk St. No. 92
4. Place of Birth (Street and Number) 5 February, 1875
5. Full Name of Mother Briged oheca
6. Mother's Maiden Name Briged Suhes
7. Mother's Birthplace Irealand Sounexlace.
8. Full Name of Father Batrick oheca
9. Father's Occupation Laber
10. Father's Birthplace Slunerse parisp of blarn ana County of Galway

Name of Medical Attendant, or other Person who makes this Return. Mrs Martin

Address West. St. No. 128.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 February 1875.
4. Place of Birth (Street and Number)	Light St. No. 516.
5. Full Name of Mother	Anna Stern
6. Mother's Maiden Name	Anna Briseler
7. Mother's Birthplace	Braunschweig Germ.
8. Full Name of Father	Thos Stern
9 Father's Occupation	Merchant.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sharlin
Address	West St. No. 128.
Remarks	

792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Wilhe
3. Date of Birth 5 February 1875
4. Place of Birth (Street and Number) No. 227 Battery Avanew.
5. Full Name of Mother Leno Schmith
6. Mother's Maiden Name Leno Koch
7. Mother's Birthplace Baienenn hanbenge
8. Full Name of Father Karl Ludwig Schmith
9. Father's Occupation Tinner
10. Father's Birthplace Saony Anusia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West St. No. 128.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

793

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth February 5th
4. Place of Birth (Street and Number) No 124 Spring St
5. Full Name of Mother Magaretha Becker
6. Mother's Maiden Name Magaretha Dell
7. Mother's Birthplace Griesheim (Germany)
8. Full Name of Father Christian Becker
9. Father's Occupation Labor
10. Father's Birthplace Griesheim (Germany)

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

794

HEALTH DEPARTMENT
FEB
17
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

State whether Male or Female) Female.

or Color (if not of the white race) White

of Birth 5th Feb; 1875.

of Birth (Street and Number) N. W. Cor: Fremont & George St.

Name of Mother Catharine Bruer.

r's Maiden Name Catharine Schmidt.

r's Birthplace Hamburg Germany.

Name of Father George Bruer

r's Occupation Merchant.

r's Birthplace Hamburg Germany.

e of Medical Attendant, or other Person who makes this Return. N. H. Littell

ress 241 Franklin St.

arks

Report was handed to servant to post, who accepted it and left it.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

793

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 5th February

4. Place of Birth (Street and Number) Baltimore Columbia Av 164

5. Full Name of Mother State Quental

6. Mother's Maiden Name Kate Flatmann

7. Mother's Birthplace Bremen

8. Full Name of Father Henry Quental

9. Father's Occupation Shoemaker

10. Father's Birthplace Bremen

Name of Medical Attendant, or other Person who makes this Return. Katharine Sunbach

Address West Lenth St 1139

Remarks

796

HEALTH DEPARTMENT
FEB 16 1875
BALTIMORE

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 5th of February 1875
4. Place of Birth (Street and Number) 23 South Shroder Str
5. Full Name of Mother Maria Dorothea Ellenora
6. Mother's Maiden Name Niemann
7. Mother's Birthplace Liebenau Germani
8. Full Name of Father Johan Heinrich Lammerman
9. Father's Occupation Blacksmith
10. Father's Birthplace Ehrichshof Germani

Name of Medical Attendant, or other Person who makes this Return. Anna Lamler

Address No 66 So Shroder St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

797

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	February 5 1875
4. *Place of Birth* (Street and Number)	11 Russell st
5. *Full Name of Mother*	Josephine Wheeler
6. *Mother's Maiden Name*	Bians
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Wheeler
9. *Father's Occupation*	Brakesman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster
Address	57 Barnet
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

798

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 5th 1875
4. Place of Birth (Street and Number)	144 Penna. Avenue
5. Full Name of Mother	Virginia Annie Harvey
6. Mother's Maiden Name	Warner
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Andrew Thomas Harvey
9. Father's Occupation	Wood coal, oil and paint Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

799

HEALTH DEPARTMENT FEB 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 5th 1875.
4. Place of Birth (Street and Number)	699 W. Baltimore St.
5. Full Name of Mother	Rachel Weinberg
6. Mother's Maiden Name	" Katz
7. Mother's Birthplace	"Bunker Hill" - Pennsylvania
8. Full Name of Father	Moses Weinberg
9. Father's Occupation	Dry Goods Merchant -
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. ~~No. 3~~ 800

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 5th 12 50 P.M. Boy - 1875
4. Place of Birth (Street and Number) 341 E. Pratt St
5. Full Name of Mother Julia Budeke
6. Mother's Maiden Name Julia Wahl
7. Mother's Birthplace Thames St Balto City
8. Full Name of Father George Henry Budeke
9. Father's Occupation Paint and Soap Merchant
10. Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this Return. Dr James E. Dwinelle

Address 299 E. Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

801

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3rd February
4. Place of Birth (Street and Number) 128 Burgoday St
5. Full Name of Mother Mrs Mary A Frederick
6. Mother's Maiden Name Miss Mary A McMillan
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Henry C Frederick
9. Father's Occupation Carpenter
10. Father's Birthplace Carroll County

Name of Medical Attendant, or other Person who makes this Return. Katherine Seebach.

Address West Lovett St 437.

Remarks

Katherine Seebach

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

802

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 5th
4. Place of Birth (Street and Number)	43 Chapel St
5. Full Name of Mother	Wm Elizabeth Kurby
6. Mother's Maiden Name	" Colstoff
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Kurby
9. Father's Occupation	Tailor
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Dr E. C. Jordan
Address	225 Sisquith St Balto
Remarks	—

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

803

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 5th 1875
4. Place of Birth (Street and Number) No 215 N Carrollton Avenue
5. Full Name of Mother Lydie J. Maynard
6. Mother's Maiden Name Lydie J Gruby
7. Mother's Birthplace Kingsville Baltimore County Maryland.
8. Full Name of Father James Aldon Maynard
9. Father's Occupation Leather Dealer
10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Hom[illegible] Md

Address No 203 W. Lombard St. Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

804

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb 7th 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 5th 1875
4. Place of Birth (Street and Number) No 241 S Amer St.
5. Full Name of Mother Christanna Spengler
6. Mother's Maiden Name Christanna Kook
7. Mother's Birthplace Germania
8. Full Name of Father Lorenze Spengler
9. Father's Occupation Baker
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S. Wolf St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

805

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Febuary 5th 1875.
4. Place of Birth (Street and Number) No 33. Ensor Street. Baltimore Md
5. Full Name of Mother Anna Margret Strott.
6. Mother's Maiden Name Anna Margret Louse
7. Mother's Birthplace Sacksgota.
8. Full Name of Father John Strott
9. Father's Occupation - - - - - -
10. Father's Birthplace Cohessen, Slictern.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Ruth

Address 209. Monument Street. cor. Central Avenue.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

806

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 5th Febuary 1875.
4. Place of Birth (Street and Number) No. 209. Monument St. Baltimore Md.
5. Full Name of Mother Mary Bartholmass.
6. Mother's Maiden Name Mary Hucht.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Ferdinand Bartholmes.
9. Father's Occupation Tanner.
10. Father's Birthplace Sondheims Rhöen

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Rutt

Address No. 209. Monument St. Corner of Central Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

807

HEALTH DEPARTMENT
FEB 15 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White February 6th 1875

3. Date of Birth No. 6 Fort St

4. Place of Birth (Street and Number) Nette Rebstock

5. Full Name of Mother Nette Sheckels

6. Mother's Maiden Name

7. Mother's Birthplace Botimore

8. Full Name of Father Charles Rebstock

9. Father's Occupation Brick Lear

10. Father's Birthplace Bottimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mary Magarenus

Remarks Russele St. 90 "

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

808

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 6th
4. Place of Birth (Street and Number)	No 370 West Mc Henry St,
5. Full Name of Mother	Elizabeth Jane Gardner
6. Mother's Maiden Name	Eliza J. Young
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jacob Gardner
9. Father's Occupation	Laborer on Balto & Ohio Railroad
10. Father's Birthplace	Carroll County Md
Name of Medical Attendant, or other Person who makes this Return.	M. J. Seaman.
Address	No 380 Mc Henry St,
Remarks	Strong healthy child

809

HEALTH DEPARTMENT
FEB
13
1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child.

1. *Sex* (state whether Male or Female) a Male.
2. *Race or Color* (if not of the white race) White race.
3. *Date of Birth* 6th of February.
4. *Place of Birth* (Street and Number) 77 Stockston Street.
5. *Full Name of Mother* Mary Jane Hogan.
6. *Mother's Maiden Name* Mary Jane Cleary.
7. *Mother's Birthplace* in Ireland.
8. *Full Name of Father* John L Hogan
9. *Father's Occupation* a Shoemaker.
10. *Father's Birthplace* in Ireland.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigelsinger.

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

A 05.
810

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 6th 8.45 P. M. 1875
4. *Place of Birth (Stree and Number)* S. W. Cor. Eagle & Eden Sts
5. *Full Name of Mother* Elizabeth A. Lucas
6. *Mother's Maiden Name* Elizabeth A. Doyle
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Francis D. Lucas
9. *Father's Occupation* City Garbage Cart
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr James E. Donnelly

Address 299 E. Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 6th 1875
4. *Place of Birth (Street and Number)* 105 Yoker st
5. *Full Name of Mother* Mrs Michael
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Louis Michael
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill M.D.

Address 90 E Hanover st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

812

HEALTH DEPARTMENT
FEB 13 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb 6th 1875
4. *Place of Birth* (Street and Number) Johns Street North Side Second door west of Bond
5. *Full Name of Mother* Emily L. Maccubbin
6. *Mother's Maiden Name* " " Hall
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George D. Maccubbin
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M D.

Address 305 N Caroline St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

813
814

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth & Sixth (twins)

1. *Sex (state whether Male or Female)* Male & Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* February 6th 1875

4. *Place of Birth (Street and Number)* Diamond St. No 45

5. *Full Name of Mother* Alice Penn

6. *Mother's Maiden Name* Alice Brighton

7. *Mother's Birthplace* Frederick County

8. *Full Name of Father* Nicholas Penn

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Frederick County

Name of Medical Attendant, or other Person who makes this Return. Thomas Sappington M.D.

Address No 70 Centre St

Remarks The children were in a healthy condition

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	Feby 6th 1875
4. Place of Birth (Street and Number)	260 N. Howard
5. Full Name of Mother	Rebecca Collins
6. Mother's Maiden Name	Rebecca Francis
7. Mother's Birthplace	Jersey City
8. Full Name of Father	James Collins
9. Father's Occupation	~~Barber~~ Waiter
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	W J McDowell M.D.
Address	290 Madison
Remarks	The father died of consumption on August last

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

816

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth February 6th

4. Place of Birth (Street and Number) Fountain St No 33

5. Full Name of Mother Marta Elisabetta Wiese

6. Mother's Maiden Name Marta Elisabetta Rabe

7. Mother's Birthplace Baltimore

8. Full Name of Father John Henry Wiese

9. Father's Occupation Cigar-Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Pond St

Remarks

817

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3, Date of Birth	6th of February
4. Place of Birth (Street and Number)	No 14 Burns Street
5. Full Name of Mother	Caroline Sellers
6. Mother's Maiden Name	Caroline Kallar
7. Mother's Birthplace	East Mosetia Germany
8. Full Name of Father	Frederick Sellers
9. Father's Occupation	Varnisher
10. Father's Birthplace	East Mosetia Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary Horrigan
Address	112 Scott Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

818

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5a
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 of February 1875
4. Place of Birth (Street and Number)	165 West Street
5. Full Name of Mother	Katherine ~~Ko~~ Kohl
6. Mother's Maiden Name	Katherine Kohl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johannes Kohl
9. Father's Occupation	Laborer
10. Father's Birthplace	Loxlorch Germany
Name of Medical Attendant, or other Person who makes this Return.	Katherine Münch
Address	74 Leadenhall Street
Remarks	

819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 6th 1875
4. *Place of Birth (Street and Number)* 180 Harford Ave
5. *Full Name of Mother* Eliza Jane Hoddinott
6. *Mother's Maiden Name* " " ~~Farley~~ Burton
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* John Wesley Hoddinott
9. *Father's Occupation* Carriage Maker
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Philip C. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

820

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 8 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 6th 1875
4. *Place of Birth (Street and Number)* 381 Aisquith Ave
5. *Full Name of Mother* Mary Ann Millan
6. *Mother's Maiden Name* " " Farley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Millan Jr
9. *Father's Occupation* Plumber & Gas Fitter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Philip C. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Saturday. Febry 6th 1875.
4. Place of Birth (Street and Number)	163. W Lombard Street
5. Full Name of Mother	Laura. W Warfield
6. Mother's Maiden Name	Laura. Hobbs.
7. Mother's Birthplace	England
8. Full Name of Father	Samuel Thos. Warfield
9. Father's Occupation	Tinner
10. Father's Birthplace	Howard Co Maryland
Name of Medical Attendant, or other Person who makes this Return.	Sr Eldner M.D.
Address	Resdt Physician
Remarks	Md Lying in Hospital of the College of Physicians & Surgeons.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 6th
4. Place of Birth (Street and Number)	South Broadway No 235
5. Full Name of Mother	Ella Greenabourn
6. Mother's Maiden Name	" Meyer
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Greenabourn
9. Father's Occupation	Store keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Meiller
Address	No 151 East Pratt Stn
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

823

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb 7th 1875.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 6th 1875.
4. Place of Birth (Street and Number) No 423 Alice Ann St
5. Full Name of Mother Ernestina Hagedorn
6. Mother's Maiden Name Ernestina Kubalzki
7. Mother's Birthplace Germania
8. Full Name of Father George Hagedorn
9. Father's Occupation Labor
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolf St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8214

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 6th 1875
4. Place of Birth (Street and Number)	# 849 Chapel St. F.P.
5. Full Name of Mother	Barbara Robb Jones.
6. Mother's Maiden Name	Barbara Robb.
7. Mother's Birthplace	America
8. Full Name of Father	Samil Jones.
9. Father's Occupation	Laborer.
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	# 187 Chapel St. F.P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

825

HEALTH DEPARTMENT
FEB
10
1875
BALTIMORE.

RETURN OF A BIRTH.

3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	Feb 6th
4. *Place of Birth* (Street and Number)	15. St James
5. *Full Name of Mother*	Adeline Hall
6. *Mother's Maiden Name*	" Dixon
7. *Mother's Birthplace*	Harford Co Maryland
8. *Full Name of Father*	Richd " Hall
9. *Father's Occupation*	Labourer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. C. Jordan M. D.
Address	225 Hisquilta St City
Remarks	—

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

826

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 6th 1875
4. Place of Birth (Street and Number) 1 Wine St
5. Full Name of Mother Kate Plate
6. Mother's Maiden Name Kate Mühlheinrich
7. Mother's Birthplace Batimore Md.
8. Full Name of Father Wm Plate
9. Father's Occupation Grocer
10. Father's Birthplace Bremen Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl

Address (Midwife) 214 Preston

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Five (5)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Feby 6th /75
4. *Place of Birth (Street and Number)* No 128 Dorr St
5. *Full Name of Mother* Mary E Opher
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H Opher
9. *Father's Occupation* Driver in Cart
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Francis Caulk

Address No 10 Penn Aly

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~288~~
828

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 6th 1875
4. Place of Birth (Street and Number)	Cottage Avenue York Road
5. Full Name of Mother	Mary Julia Brooks
6. Mother's Maiden Name	Mary Julia Weaver
7. Mother's Birthplace	Lancaster Pennsylvania
8. Full Name of Father	William W. C. Brooks
9. Father's Occupation	School Teacher
10. Father's Birthplace	Christiana Delaware
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	129 E Monument [illegible]
Remarks	Baltimore City

829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 6th 1875
4. Place of Birth (Street and Number) 101 St Paul St
5. Full Name of Mother Fanny Moale Shipley
6. Mother's Maiden Name Fanny Moale Elder
7. Mother's Birthplace Balt County Md
8. Full Name of Father Wm Henry Shipley
9. Father's Occupation County Surveyor
10. Father's Birthplace Carroll County Md

Name of Medical Attendant, or other Person who makes this Return. Thos F Murdock

Address 107 St Paul St

Remarks —

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8.30

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Feb 6th 1875

4. Place of Birth (Street and Number) Pearl St No 182

5. Full Name of Mother Ann Rebecca Cornish

6. Mother's Maiden Name Ann Rebecca Sims

7. Mother's Birthplace Baltimore City MD

8. Full Name of Father Joseph Cornish

9. Father's Occupation Barkeeper

10. Father's Birthplace Baltimore City MD

Name of Medical Attendant, or other Person who makes this Return.

Address Frances Dutton No [illegible]

Remarks Still Alive

831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	sixth of February
4. Place of Birth (Street and Number)	No 144 Battery Avenue
5. Full Name of Mother	Deslamonia Gent
6. Mother's Maiden Name	Deslamonia Amey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Columbus Gent
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Conway
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 6th 1875
4. *Place of Birth (Street and Number)* 74, Ft. Ave
5. *Full Name of Mother* Louisa [illegible]maker
6. *Mother's Maiden Name* Louisa Traffle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Chas Schumaker
9. *Father's Occupation* Fisherman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A W Dodge

Address 207 Hanover St

Remarks Labor Complicated - pelvis contracted

delivered by use of instruments

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

833

HEALTH DEPARTMENT
FEB
13
1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 7th 1875
4. *Place of Birth* (Street and Number) 104 N Ann St
5. *Full Name of Mother* Georgeanna Dougherty
6. *Mother's Maiden Name* Georgeanna Dunn
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Geo W Dougherty
9. *Father's Occupation* Rail Road
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger.

Address 23 N Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

834

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 7 February 1875
4. *Place of Birth* (Street and Number) Meeldney st. no 70
5. *Full Name of Mother* Lizzie Holle
6. *Mother's Maiden Name* Lizzie Klages
7. *Mother's Birthplace* Hannover
8. *Full Name of Father* Wilam Holle
9. *Father's Occupation* Grocerystore
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address 182 Monument st.

Remarks

RETURN OF A BIRTH.

835.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Seventh of February
4. *Place of Birth* (Street and Number) No. 46 Frederick ave
5. *Full Name of Mother* Maria Theresia Miller
6. *Mother's Maiden Name* M. Th. Hummel
7. *Mother's Birthplace* Ahl Germany
8. *Full Name of Father* Joseph Henry Miller
9. *Father's Occupation* Contractor in Hauling
10. *Father's Birthplace* Henaly Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. Lindner

Address No. 42 Monroe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

836

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female –
2. *Race or Color (if not of the white race)* White –
3. *Date of Birth* February 7th 1875
4. *Place of Birth (Street and Number)* 43 S Gilmore St –
5. *Full Name of Mother* Emma V Smith
6. *Mother's Maiden Name* Emma V Paisley
7. *Mother's Birthplace* Wilmington – Delaware –
8. *Full Name of Father* Samuel F Smith
9. *Father's Occupation* Coach Painter
10. *Father's Birthplace* Howard Co Maryland

Name of Medical Attendant, or other Person who makes this Return. W. G. Regester M.D

Address 845 – W. Baltimore St –

Remarks Mrs Smith died on second day of confinement with Puerperal Convulsions. –

RETURN OF A BIRTH.

837

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 7th 1875
4. *Place of Birth (Street and Number)* 51 Myrtle Ave.
5. *Full Name of Mother* Mary Henneman.
6. *Mother's Maiden Name* Mary Lillenthal.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* George Henneman.
9. *Father's Occupation* Moulder.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger.

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

838

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 7
4. Place of Birth (Street and Number)	Hanover St. 209
5. Full Name of Mother	Antonette Krause
6. Mother's Maiden Name	Fachat
7. Mother's Birthplace	France
8. Full Name of Father	C F Krause
9. Father's Occupation	Germany.
10. Father's Birthplace	Cabinet Maker
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh.
Address	328 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

E39

HEALTH DEPARTMENT FEB 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 7th 1878
4. *Place of Birth* (Street and Number) Baltimore E. Fayette St. No. 241
5. *Full Name of Mother* Mathilde Nau
6. *Mother's Maiden Name* Mathilde Mattner
7. *Mother's Birthplace* West River Md
8. *Full Name of Father* Robert Nau
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* West River Md

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

840

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) white
3. Date of Birth 7th February
4. Place of Birth (Street and Number) Hartford road B. C.
5. Full Name of Mother Elizabeth Buehler
6. Mother's Maiden Name " Auel
7. Mother's Birthplace Germany
8. Full Name of Father Christian Buehler
9. Father's Occupation Beer Saloon keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Margrosa Rudiger

Address 134 N. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

841

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth 7 day of February 1875 — on Sunday
4. Place of Birth (Street and Number) 195 Eastern Av 1 door from [illegible]
5. Full Name of Mother Barbara Ament
6. Mother's Maiden Name
7. Mother's Birthplace Germany
8. Full Name of Father Andres Ament
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. My C Brendel

Address No 208 South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend [illegible] or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Withe
3. Date of Birth 7. February 1875.
4. Place of Birth (Street and Number) Weber St. No. 6
5. Full Name of Mother Elisabeth Kern
6. Mother's Maiden Name Elisabeth Becher
7. Mother's Birthplace Ash Westreich
8. Full Name of Father Conrad Kern.
9. Father's Occupation Laber
10. Father's Birthplace oberoder Thessendarmstadt

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West St. No. 128.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

543

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 7
4. Place of Birth (Street and Number)	Baltimore Paterson Park ave 44
5. Full Name of Mother	Marycatherin Think
6. Mother's Maiden Name	Marycatherin Isenbock
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Think
9. Father's Occupation	Tinner
10. Father's Birthplace	Philladelphia
Name of Medical Attendant, or other Person who makes this Return.	Dr McShane
Address	[illegible]
Remarks	

844

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 20th 1875 (Twenty Second)
4. Place of Birth (Street and Number) No. 82 N. Caroline St.
5. Full Name of Mother Catharine Ann Grubb
6. Mother's Maiden Name Catharine Ann German
7. Mother's Birthplace Baltimore County, Md.
8. Full Name of Father Richard D. Grubb
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm H. Claudinen

Address No. 93 N. Broadway

Remarks Healthy Child. An interval of sixteen months between this child and the last one.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

845

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 4th, 1875

4. Place of Birth (Street and Number) 12 Orleans St.

5. Full Name of Mother Mrs. Mary A. Daiger

6. Mother's Maiden Name Miss Mary A. Robinson

7. Mother's Birthplace Baltimore City Md

8. Full Name of Father Wm H. Daiger

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm H. Oberdiener

Address No 93 Forth Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8446

HEALTH DEPARTMENT FEB 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb 8th 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 7th 1875

4. Place of Birth (Street and Number) No 122 S. Ann St

5. Full Name of Mother Elizabeth ~~Schaefly~~ Amend

6. Mother's Maiden Name Elizabeth Schabel

7. Mother's Birthplace America

8. Full Name of Father Lewis Amend

9. Father's Occupation Machinist

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolf St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

847

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 10th Child

1. *Sex* (state whether Male or Female) a Daughter

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* the 7th of Feb. 1875.

4. *Place of Birth* (Street and Number) 1833 S. Sharp st.

5. *Full Name of Mother* Maggie Scherer.

6. *Mother's Maiden Name* " Vogelsang.

7. *Mother's Birthplace* America

8. *Full Name of Father* George Scherer.

9. *Father's Occupation* Cigarmaker.

10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Julia Lohwasser Midwife.

Address 213 Cross st.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

848

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 4th 1875
4. *Place of Birth (Street and Number)* 44 S. Eutaw St.
5. *Full Name of Mother* Mary Catherine Hinke
6. *Mother's Maiden Name* " " Eisenbach
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Hinke
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. James F. McShane M.D.

Address 254 Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

849

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February the 2nd
4. *Place of Birth (Stree and Number)* No 126 Columbia St.
5. *Full Name of Mother* Catharine Schlerf
6. *Mother's Maiden Name* Catharine Busch
7. *Mother's Birthplace* Hessen Kassel Germany
8. *Full Name of Father* Kilian Schlerf
9. *Father's Occupation* Baker
10. *Father's Birthplace* Darm Stadt Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Bildstein

Address 106 Columbia St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White.

3. Date of Birth February 7th, 1875.

4. Place of Birth (Street and Number) 155 N. Front St. Baltimore,

5. Full Name of Mother Cecilia Ann Duke,

6. Mother's Maiden Name C. A. O'Brien,

7. Mother's Birthplace Baltimore,

8. Full Name of Father James L. Duke,

9. Father's Occupation Clerk in Hotel

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Jno. Morris M.D.

Address No. 5. Franklin St. Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

851

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7th Feb
4. Place of Birth (Street and Number) 189. S. Carroline St
5. Full Name of Mother Hannah Benson
6. Mother's Maiden Name Kelly
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Davis Benson
9. Father's Occupation Sea Captain
10. Father's Birthplace Vermont

Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Cockrill

Address No 23. S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

852

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7 Feb
4. Place of Birth (Street and Number) Dover St No 167
5. Full Name of Mother Mrs Ellen Hodges
6. Mother's Maiden Name Ellen Dundon
7. Mother's Birthplace Ireland
8. Full Name of Father Mr Michal Hodges
9. Father's Occupation Laboring
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Katharina Sunbach

Address [illegible] Lexington [illegible] 439

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

853

RETURN OF A BIRTH.

HEALTH DEPARTMENT 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7th of February 1878
4. *Place of Birth (Street and Number)* 241 Sharp St
5. *Full Name of Mother* Maria Heckman
6. *Mother's Maiden Name* M. Flege
7. *Mother's Birthplace* Darmstadt, Germany
8. *Full Name of Father* George Heckman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katherine Münch

Address 74 Leadenhale St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 1st 1875
4. Place of Birth (Street and Number) 93 Hillen st
5. Full Name of Mother Emma Catherine Clayton
6. Mother's Maiden Name " " Belle
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph B. Clayton
9. Father's Occupation Carriage maker
10. Father's Birthplace Delaware Co: Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Philip C. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	February the Seventh
4. Place of Birth (Street and Number)	Cor. John & burke
5. Full Name of Mother	Mary A Smith
6. Mother's Maiden Name	Mary A Sullivan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Paula T Chesmer
Address	129 E Monument St
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

856

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 9th
4. Place of Birth (Street and Number)	corner Pine Street and Linden Ave.
5. Full Name of Mother	Anna Hoyn
6. Mother's Maiden Name	Anna Gabrowski
7. Mother's Birthplace	Prussian Germany.
8. Full Name of Father	Dietrich Hoyn
9. Father's Occupation	Carpenter
10. Father's Birthplace	Prussian Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street.
Remarks	

Earnest request of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

857

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, 3d, &c.) with

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* February 7 1875
4. *Place of Birth* (Street and Number) South Wolfe st N 20.
5. *Full Name of Mother* Josepha Burckert
6. *Mother's Maiden Name* Josepha Eisenhäfer
7. *Mother's Birthplace* Hochstadt Bairn
8. *Full Name of Father* Georg Burckert
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Frensdorf Bairn Rauhach

Name of Medical Attendant, or other Person who makes this Return. Johanna Burgoch

Address Midwife

Remarks

858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) White.
3. Date of Birth February 7th 75.
4. Place of Birth (Street and Number) 35 S. Gilmor St.
5. Full Name of Mother Mary E. Chaney.
6. Mother's Maiden Name Mary E. Boyce.
7. Mother's Birthplace Baltimore Co.
8. Full Name of Father Chas B. Chaney.
9. Father's Occupation Merchant.
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John S. R. Kroze, M.D.

Address 273. W Lexington St.

Remarks

Extract Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

837

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 7th 1875
4. Place of Birth (Street and Number)	Howard St. 332
5. Full Name of Mother	Emma Woods
6. Mother's Maiden Name	Shanahan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Woods
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	No 7. Federal St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr. 7. 75
4. Place of Birth (Street and Number)	254 Durham St
5. Full Name of Mother	Anna Robertson
6. Mother's Maiden Name	Anna Hauwert
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Edward Robertson
9. Father's Occupation	Sailer
10. Father's Birthplace	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burdemann
Address	120 Bank St
Remarks	Sile born

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr. 7. 75
4. Place of Birth (Street and Number)	104. Central ave.
5. Full Name of Mother	Anna Philippi
6. Mother's Maiden Name	Anni Conrads
7. Mother's Birthplace	Germania Peter Philippi
8. Full Name of Father	Peter Philippi
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Wm E Buchmann
Address	120. Bank. St.
Remarks	

RETURN OF A BIRTH.

862

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) White female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* febuary 7 1875
4. *Place of Birth* (Street and Number) No 427 Eastern Avenue
5. *Full Name of Mother* Jane ~~Schoot~~ Sugh
6. *Mother's Maiden Name* Jane Kelly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Schoot Sugh
9. *Father's Occupation* Labour
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno E Bell

Address No 171 South Chester St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

863

HEALTH DEPARTMENT
FEB
9
1925
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby. 7th 1875
4. *Place of Birth (Street and Number)* 39 Penna. Avenue.
5. *Full Name of Mother* Louisa Frances Waller
6. *Mother's Maiden Name* " " Henkel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thaddeus Waller
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Savannah, Georgia

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

864

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Primipara.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	February 8. 1875.
4. Place of Birth (Street and Number)	S.W. Corner of Baltimore St & Broadway.
5. Full Name of Mother	Sarah A. Thompson.
6. Mother's Maiden Name	Sarah A. Sutherland.
7. Mother's Birthplace	England.
8. Full Name of Father	Wilbur F. Thompson.
9. Father's Occupation	Pharmaceutist.
10. Father's Birthplace	Baltimore Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Jno. G. Powell. M. D.
Address	72 E. Fratt St.
Remarks	The Labor lasted 48 hours. Delivery was effected with the aid of the Forceps. Mother and child "doing well".

4

865

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 2 m. 8th 1875

4. Place of Birth (Street and Number) 63 E. Lombard St.

5. Full Name of Mother Emily Williams, Simpson

6. Mother's Maiden Name Emily Williams

7. Mother's Birthplace Baltimore

8. Full Name of Father Benjamine Louis Simpson

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Riley

Address 47 Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

866

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White, i red at present;
3. Date of Birth	Feb 8th 9½ O.Clk P.M.
4. Place of Birth (Street and Number)	No 77 Portland st
5. Full Name of Mother	Mary Elizabeth Meyer
6. Mother's Maiden Name	Wagner
7. Mother's Birthplace	Balto
8. Full Name of Father	Jacob Meyer
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lindner Midwife
Address	No 45 St. Monroe st. Near Lombard
Remarks	All. O. K.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

867

HEALTH DEPARTMENT
FEB 13 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) dark
3. Date of Birth Feb 8. 175
4. Place of Birth (Street and Number) Balto, spring st no 39
5. Full Name of Mother Marthey Flether
6. Mother's Maiden Name /
7. Mother's Birthplace Balto city
8. Full Name of Father /
9. Father's Occupation /
10. Father's Birthplace /

Name of Medical Attendant, or other Person who makes this Return. Alace. Chaplin. Mid. wife

Address 32: North Eden. st

Remarks live and party

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

868

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th February
4. *Place of Birth (Street and Number)* No 3 Williamson Pl
5. *Full Name of Mother* Rebecka Jones
6. *Mother's Maiden Name* Bickmyer
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* William H Jones
9. *Father's Occupation* Wire Worker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Marcus Rudiger

Address 134 N. Bond St.

Remarks

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

869

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh. /

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth ~~X~~ Febuary the 8th 1875.
4. Place of Birth (Street and Number) 191 E. Monument St. Baltimore Md.
5. Full Name of Mother Catharine Kilfoyle.
6. Mother's Maiden Name Catharine Brosslinishee.
7. Mother's Birthplace County clare. Ireland
8. Full Name of Father Thomas Kilfoyle.
9. Father's Occupation — — —
10. Father's Birthplace County clare. Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Butt.

Address 209 Monument Street. Cor. Cent. Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

870

HEALTH DEPARTMENT
FEB 17 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Feb 8th '75

4. *Place of Birth (Street and Number)* 163½ Wenberry St.

5. *Full Name of Mother* Margaret Deborah Rawlings

6. *Mother's Maiden Name* " " Snyder

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Joshua Soule Rawlings

9. *Father's Occupation* Commission Merchant.

10. *Father's Birthplace* Maryland.

Name of Medical Attendant, or other Person who makes this Return. D. G. Keller M.D.

Address 89 N Greene St.

Remarks

Extract from Regulations of the Board of Health relative to Births and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 5-24-57

871

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Jesse Robson Barnes

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 8th 1875
4. Place of Birth (Street and Number) 366 E. Baltimore St
5. Full Name of Mother Kate Barnes
6. Mother's Maiden Name Kate Ross
7. Mother's Birthplace Comet St. Baltimore
8. Full Name of Father John Alonzo Barnes
9. Father's Occupation Produce Dealer
10. Father's Birthplace Comet St. Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. G. W. Waysou

Address No. 18 Aisquith

Remarks Physical Condition is Good.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
10
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 8th 1875
4. Place of Birth (Street and Number)	128 E. Chester St
5. Full Name of Mother	Mary Elizabeth Farrell
6. Mother's Maiden Name	" " Cassily
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Farrell
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	James J. McShane M.D.
Address	254 Eastern Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 8th 1875
4. Place of Birth (Street and Number) 65 Ramsay St
5. Full Name of Mother Alice Disney
6. Mother's Maiden Name Rumney
7. Mother's Birthplace Balto City
8. Full Name of Father John Washington Disney
9. Father's Occupation Mechanic
10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. Jas H Currey Mrs

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

874

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 8th 1875
4. Place of Birth (Street and Number)	83 N Biddle
5. Full Name of Mother	Margaret Eschbach
6. Mother's Maiden Name	" Lachai
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Leo Eschbach
9. Father's Occupation	Paver & Superintendent
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. R. Ahler. M.D.
Address	234 W Fayette St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

875

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth February 8th
4. Place of Birth (Street and Number) 57 Perry Street
5. Full Name of Mother Katharine Elisabeth Truss
6. Mother's Maiden Name K. E. Heinert
7. Mother's Birthplace Sachsen Meiningen Germany
8. Full Name of Father Paul Truss
9. Father's Occupation Shoemaker
10. Father's Birthplace Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 56 Pearl Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

876

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 8th 1875.

4. Place of Birth (Street and Number) 176 N. Exeter st

5. Full Name of Mother E. E. Dulaney

6. Mother's Maiden Name Charlotta Everitts. Sheir

7. Mother's Birthplace Frederick County. Md

8. Full Name of Father Francis. I. Dulaney

9. Father's Occupation Carpenter

10. Father's Birthplace Harford County Md.

Name of Medical Attendant, or other Person who makes this Return. D. F. Cogner M.D.

Address 129 N. High st.

Remarks

N 4

871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c.)	6 te
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 t. Februar 1875
4. Place of Birth (Street and Number)	Jackson Myair No 121
5. Full Name of Mother	Franzizka Dodio
6. Mother's Maiden Name	Franziska Weigert
7. Mother's Birthplace	Hahenberg Bairn
8. Full Name of Father	Peter Dedie
9. Father's Occupation	Brick layer
10. Father's Birthplace	Hahelheim Bairn
Name of Medical Attendant, or other Person who makes this Return.	Johanna Burgert
Address	No 28 South Wolf st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 8th 1875
4. Place of Birth (Street and Number)	No 128 Bond st.
5. Full Name of Mother	Jennie Walters
6. Mother's Maiden Name	Jennie Hailly
7. Mother's Birthplace	City
8. Full Name of Father	Chas J Walters
9. Father's Occupation	Grocer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchanan
Address	120 Bond St
Remarks	Still born

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

879

HEALTH DEPARTMENT
FEB 19 1876
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 8 1875
4. *Place of Birth (Street and Number)* Schannel st. nw. Gulf st.
5. *Full Name of Mother* Margareta Kramer
6. *Mother's Maiden Name* Margareta Kramer
7. *Mother's Birthplace* Frisen to Bejern
8. *Full Name of Father* Unehliche Vaterschaft
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Johann Raupach

Address No. 19 South Wolf st.

Remarks Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

880

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 8 Feburay
4. *Place of Birth* (Street and Number) No. 351 South Charles St.
5. *Full Name of Mother* Thrisea Martin
6. *Mother's Maiden Name* Thrisea Ste Fogal
7. *Mother's Birthplace* oranbau Bairen
8. *Full Name of Father* johann Martin
9. *Father's Occupation* Laber
10. *Father's Birthplace* Kingsfald

Name of Medical Attendant, or other Person who makes this Return. Mary Martin

Address West St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

881

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 9th
4. Place of Birth (Street and Number) No. 4 Ramsay St
5. Full Name of Mother Eliza R Bennett
6. Mother's Maiden Name Eliza R Bennett
7. Mother's Birthplace Baltimore
8. Full Name of Father James F Bennett
9. Father's Occupation Plumber
10. Father's Birthplace St Mary's County

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address West Gerrett St. 439.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

882

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth febury the 9 1875
4. Place of Birth (Street and Number) No 630 W pratt St
5. Full Name of Mother Mary Cunningham
6. Mother's Maiden Name Mary Murphy
7. Mother's Birthplace ireland
8. Full Name of Father Michael Cunningham
9. Father's Occupation laborer
10. Father's Birthplace ireland

Name of Medical Attendant, or other Person who makes this Return. Katharina Sneebach

Address West Lovett St 439

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 9th 1875

4. Place of Birth (Street and Number) Baltimore M.D. 52 Cooksie St Locust Point

5. Full Name of Mother Margaret Stephens

6. Mother's Maiden Name Walkin

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Stephens

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return Margaret Ertel

Address No. 13 Cuba Street Balto. M.D.

Remarks Remarkably Healthy Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 6

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb 9
4. *Place of Birth* (Street and Number) No 121 Albermarle st
5. *Full Name of Mother* Pallina Trauttwein
6. *Mother's Maiden Name* Pallina Gabel
7. *Mother's Birthplace* Jacksen
8. *Full Name of Father* John Trauttwein
9. *Father's Occupation* Plummer
10. *Father's Birthplace* Jacksen

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby st

Remarks

885

HEALTH DEPARTMENT
FEB 16 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the sixt Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth the 9 day of Febr.
4. Place of Birth (Street and Number) No 855 west Pratt St.
5. Full Name of Mother Anna Katharina Bach
6. Mother's Maiden Name " " Gmhoff
7. Mother's Birthplace Kaulstos Hessen Darmstadt
8. Full Name of Father Henry Bach
9. Father's Occupation Bacher by trade
10. Father's Birthplace Eckartsborn Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Miss Dummler

Address No 66 de Shroter St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

886

HEALTH DEPARTMENT
FEB
16
1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	February 1st 9
4. Place of Birth (Street and Number)	Penn Alley near F
5. Full Name of Mother	Coline Broad
6. Mother's Maiden Name	Coline Broad
7. Mother's Birthplace	Annarundal County
8. Full Name of Father	W Broad
9. Father's Occupation	Farmer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Lytes
Address	247 Orleans Street
Remarks	I discharge my Duty

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

887

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 sd

1. *Sex (state whether Male or Female)* Female — Mary E. — a. 23 10/31/20
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 February 1875
4. *Place of Birth (Street and Number)* 226 Gay street
5. *Full Name of Mother* Josephine Kilchenstein
6. *Mother's Maiden Name* Josephine Kilchenstein
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Kilchenstein
9. *Father's Occupation* Groceriestore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Denia Lilegeist

Address 182 Monument. st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

888

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth February 9th 1875.
4. Place of Birth (Street and Number) No. 2 New Church St.
5. Full Name of Mother Mary Hollreiter.
6. Mother's Maiden Name Mary Hirsh.
7. Mother's Birthplace Germany.
8. Full Name of Father Joseph Hollreiter.
9. Father's Occupation Umbrella Maker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

889

HEALTH DEPARTMENT FEB 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 9

4. Place of Birth (Street and Number) East Pratt st № 97

5. Full Name of Mother Emelia Schräter

6. Mother's Maiden Name Emelia Schräter

7. Mother's Birthplace Aust Anwig

8. Full Name of Father Hermann Schräter

9. Father's Occupation Painter

10. Father's Birthplace Aust Anwig

Name of Medical Attendant, or other Person who makes this Return. Sophia Sieman

Address № 70 Granby st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

890

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th / "

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9th February 875
4. *Place of Birth (Street and Number)* 159 E. Lombard St "
5. *Full Name of Mother* Emilie Frank
6. *Mother's Maiden Name* " Hon.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Frank Clark
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Caspell

Address 52 E. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

891

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb. 9. 1875
4. Place of Birth (Street and Number)	169 Druid Hill Avenue
5. Full Name of Mother	Hester Magarge
6. Mother's Maiden Name	Hester Flood
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	Wm. H. Magarge
9. Father's Occupation	Salesman
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	J. W. F. Hank
Address	118 N. Eiddle St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

892

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 9th 1875
4. Place of Birth (Street and Number)	200 McCulloh St
5. Full Name of Mother	Emma Blake
6. Mother's Maiden Name	Emma Myers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Eugene Blake
9. Father's Occupation	Clerk
10. Father's Birthplace	Prince George Md
Name of Medical Attendant, or other Person who makes this Return.	W. T. Wilson M.D.
Address	146 Park Avenue
Remarks	Alive & Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

893

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 9th 1875
4. Place of Birth (Street and Number) # 61 York St.
5. Full Name of Mother Annie Murphey
6. Mother's Maiden Name Annie Stehll
7. Mother's Birthplace Castle Germany
8. Full Name of Father James H. Murphey
9. Father's Occupation Employee, Health Department
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr. A. Bell M.D.

Address 181 So. Sharp St.

Remarks Condition of Child, Good.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

894

HEALTH DEPARTMENT FEB 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 5th Child
1. Sex (state whether Male or Female)	a Son
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 9th of Feb. 1875
4. Place of Birth (Street and Number)	No 23 Arnetellan.
5. Full Name of Mother	Elisabeth Helwig
6. Mother's Maiden Name	" Schroeitzer
7. Mother's Birthplace	Germana
8. Full Name of Father	George Helwig
9. Father's Occupation	working by the Railrode compynay
10. Father's Birthplace	Germana
Name of Medical Attendant, or other Person who makes this Return.	Julia Schwasser Midwife.
Address	213 Cross St.
Remarks	

895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE

1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seekind Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored Child
3. Date of Birth Feb 9th
4. Place of Birth (Street and Number) 88 Hanover St at Mrs Dr Dunn, Bal
5. Full Name of Mother Ester Jenkins
6. Mother's Maiden Name Ester Collins
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father Isaac Jenkins
9. Father's Occupation School Teacher
10. Father's Birthplace Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Millie Gross

Address Tapscico Avenue No 1

Remarks Doing well at present Feb 10

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th February.
4. Place of Birth (Street and Number)	N° 171. Hughes St
5. Full Name of Mother	Mrs Sarah Mc Ginney.
6. Mother's Maiden Name	Sarah Mc Garraty.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Frank Mc Ginney.
9. Father's Occupation	Guano Laborer.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Maria Potter.
Address	N° 191. Hughes St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

897

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth Febr. 9th 3. P. M. 1875
4. Place of Birth (Street and Number) Jefferson st 3 doors South east of Caste
5. Full Name of Mother Mary Helen Preller
6. Mother's Maiden Name " " Rettner
7. Mother's Birthplace Baltimore city
8. Full Name of Father Frederick Francis Preller
9. Father's Occupation Moulder
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D

Address 27. N. Broadway

Remarks The above was a six months foetus and lived only fifteen minutes after delivery

898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 12 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 9th 1895
4. Place of Birth (Street and Number)	50 N. Arlington Avenue
5. Full Name of Mother	Annie Mc Gee
6. Mother's Maiden Name	" Hanharan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Robert Mc Gee
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

899

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~Baltimore~~ February 4th
4. Place of Birth (Street and Number)	Baltimore Kerry st near Pratt
5. Full Name of Mother	Mary Farley
6. Mother's Maiden Name	Mary Mallen
7. Mother's Birthplace	Ireland
8. Full Name of Father	Foran Farley
9. Father's Occupation	Drayman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No. 55 Perkins st
Remarks	

900

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 9 1875
4. Place of Birth (Street and Number) 91 Lee St
5. Full Name of Mother Mary Catherine Smith
6. Mother's Maiden Name Grasbinder
7. Mother's Birthplace Baltimore
8. Full Name of Father Adam Smith
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D Jellesleeve MD

Address 154 Stark

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

901

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth February 9th

4. Place of Birth (Street and Number) No 290 Durham St

5. Full Name of Mother Anna Binderbach

6. Mother's Maiden Name Anna Reents

7. Mother's Birthplace Emden

8. Full Name of Father Andreas Binderbach

9. Father's Occupation Labor

10. Father's Birthplace Langenfeld

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

902

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) #1 11

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth February 2 74

4. Place of Birth (Street and Number) No 29. Lunta St

5. Full Name of Mother Frances Hopp

6. Mother's Maiden Name Frances Somerset

7. Mother's Birthplace Baltimore

8. Full Name of Father Andreas Hopp

9. Father's Occupation Saloon

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Reginal Heidlage

Address No 289 S Bond St

Remarks

903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White 10th
3. Date of Birth 10. February 1875
4. Place of Birth (Street and Number) Stockholm St. No. 1
5. Full Name of Mother Mrs Hiolemann
6. Mother's Maiden Name Kate Bochinger
7. Mother's Birthplace Germany
8. Full Name of Father Josep Bochinger
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Bussel St. No. 10.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

904

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 10th 1875
4. *Place of Birth (Street and Number)* No 225 South Entrance
5. *Full Name of Mother* Catherine Miller
6. *Mother's Maiden Name* Catherine Huber
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Jacob C. Miller
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ann Wagner

Address No 174 Burgundy Alley

Remarks None

905

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 10th February 1875

4. *Place of Birth* (Street and Number) 129 N. Eden St.

5. *Full Name of Mother* Charlotte Klang.

6. *Mother's Maiden Name* " Johnenhoz

7. *Mother's Birthplace* Germany.

8. *Full Name of Father* Georg Klang

9. *Father's Occupation* Silversmith

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah. Casper.

Address 52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

906

HEALTH DEPARTMENT
FEB 13 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10th February 1875
4. Place of Birth (Street and Number) 93 Gough St Baltimore City
5. Full Name of Mother Fredericka Ehrman
6. Mother's Maiden Name Fredericka Gehrman
7. Mother's Birthplace Braunschweig Germany
8. Full Name of Father Frederick Ehrman
9. Father's Occupation Merchant
10. Father's Birthplace Wertenburg Germany

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

907

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st. Child
1. Sex (state whether Male or Female)	a Son
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th of Feb. 1875
4. Place of Birth (Street and Number)	No 206 Columbia st.
5. Full Name of Mother	Rosa Snell.
6. Mother's Maiden Name	" Siegward.
7. Mother's Birthplace	Germania
8. Full Name of Father	August Snell.
9. Father's Occupation	Tailor
10. Father's Birthplace	Germania.
Name of Medical Attendant, or other Person who makes this Return.	Julie Lobwasser Midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 10th 1875
4. Place of Birth (Street and Number)	44 Frederick Avenue
5. Full Name of Mother	Mary. Berg.
6. Mother's Maiden Name	Mary. Benz.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William. Berg.
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	44 Frederick Av
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

909

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
25
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	10th February.
4. Place of Birth (Street and Number)	315. Central Avenue.
5. Full Name of Mother	Clara.
6. Mother's Maiden Name	Wagner
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Geiler.
9. Father's Occupation	Tailer.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Starr
Address	240 Eager St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 10th 1875
4. Place of Birth (Street and Number) 579 Orleans
5. Full Name of Mother Annie Brooks
6. Mother's Maiden Name Annie C. Dowd
7. Mother's Birthplace New York
8. Full Name of Father Shadrach Brooks
9. Father's Occupation Cigar Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address

Remarks Lived one minute after [illegible]

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Wednesday Febry 10th 78.
4. Place of Birth (Street and Number)	163. W Lombard Str
5. Full Name of Mother	Sophia Hall
6. Mother's Maiden Name	Sophia Thompson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Hall
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sr Gelmer M D
Address	Resident Physician
Remarks	M D Lying in Asylum of the College of Physicians & Surgeons

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE FEB 1875

912

HEALTH DEPARTMENT FEB 11 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth February 10th 1875
4. Place of Birth (Street and Number) No 46 Albemarle St
5. Full Name of Mother Emma McCurrun King
6. Mother's Maiden Name Emma McCurrun
7. Mother's Birthplace Ireland
8. Full Name of Father Michael King
9. Father's Occupation Trunk maker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Chas M. Morfit MD

Address No 83 E. Balt Street

Remarks Tedious prolonged labor. Forceps.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 1 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 10. 1875
4. *Place of Birth (Street and Number)* Pennsylvania Avenue
5. *Full Name of Mother* Catharine Sheehan
6. *Mother's Maiden Name* Catharine O'Neill
7. *Mother's Birthplace* Balt. city
8. *Full Name of Father* Edward Sheehan
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer M.D

Address 201 W. Biddle St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
12
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 10th 1875
4. Place of Birth (Street and Number)	47 Silas st.
5. Full Name of Mother	Charlotte A. Evans
6. Mother's Maiden Name	" " Warner
7. Mother's Birthplace	Md.
8. Full Name of Father	Alonzo ~~Warner~~ Evans
9. Father's Occupation	Sailor
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Bushman
Address	120 Bank st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

915

HEALTH DEPARTMENT
FEB
13
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child.

1. *Sex* (state whether Male or Female) a Male.
2. *Race or Color* (if not of the white race) the White race.
3. *Date of Birth* 10th of February
4. *Place of Birth* (Street and Number) Biddle Aly court.
5. *Full Name of Mother* Mrs Eve Rigant.
6. *Mother's Maiden Name* Mrs Eve Fahring.
7. *Mother's Birthplace* in Germny City Bayern.
8. *Full Name of Father* Mrs. Andrew Rigant.
9. *Father's Occupation* a Wood Sawer.
10. *Father's Birthplace* in Germny City Kurhessen.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

916

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth February 10th

4. Place of Birth (Street and Number) No 307 S. Bond St

5. Full Name of Mother Kate Hoffer

6. Mother's Maiden Name Kate Kubicek

7. Mother's Birthplace Böhmen

8. Full Name of Father Charles B. Hoffer

9. Father's Occupation Restaurant

10. Father's Birthplace Berne Switzerland

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Bond St

Remarks

No 6

RETURN OF A BIRTH.

917

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) withe
3. Date of Birth Februar 11 1875
4. Place of Birth (Street and Number) Nord Schappelstr No 6
5. Full Name of Mother Josepha Langer
6. Mother's Maiden Name Josepha Gross
7. Mother's Birthplace Morles Kurfessen
8. Full Name of Father Franz Langer
9. Father's Occupation Dressmaker
10. Father's Birthplace Ober Schwarzach Baden

Name of Medical Attendant, or other Person who makes this Return. Johanna Baupach

Address South Wolfstr No 19

Remarks Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9118

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Caucasian.
3. *Date of Birth* 11th February 1875.
4. *Place of Birth (Street and Number)* 210 Walnut Street.
5. *Full Name of Mother* Mary Francis Doyle.
6. *Mother's Maiden Name* Mary Francis Clarkson.
7. *Mother's Birthplace* Baltimore Maryland.
8. *Full Name of Father* John B. Doyle.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Baltimore Maryland.

Name of Medical Attendant, or other Person who makes this Return. Harry L. Byrne M.D.

Address 366 N. Fremont Street.

Remarks Natural labor. Child well developed.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	Feb 11th 1875
4. *Place of Birth* (Street and Number)	# 111 Irving Place
5. *Full Name of Mother*	Susan Allen
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Canada
8. *Full Name of Father*	Orland Allen
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Canada
Name of Medical Attendant, or other Person who makes this Return.	Elza F. Mosher
Address	340 Orleans St
Remarks	Healthy but Small

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

920

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 11th 1875

4. Place of Birth (Street and Number) 516 W. Balto St

5. Full Name of Mother Annie Summers

6. Mother's Maiden Name " Anteberg

7. Mother's Birthplace Balto

8. Full Name of Father Geo. Summers

9. Father's Occupation Paper Hanger

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Dawson

Address 144 Hanover St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

921

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) male child

2. Race or Color (if not of the white race) white " "

3. Date of Birth 11th of February 1875

4. Place of Birth (Street and Number) in Baltimore, Wolf street No: 59.

5. Full Name of Mother Magaretha Dönlein

6. Mother's Maiden Name " " " Berthold

7. Mother's Birthplace From Wiessenjüeht Bavaria

8. Full Name of Father George Dönlein

9. Father's Occupation Lobarer

10. Father's Birthplace From Dreiskendorf Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Hartmann

Address No: 59 Wolf street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

GIVEN NAME ADDED 10-13-54

922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

William Rappsilber

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3

1. Sex (state whether Male or Female) Art Boy
2. Race or Color (if not of the white race) ~~[illegible]~~ White
3. Date of Birth January 11 - 75
4. Place of Birth (Street and Number) 53 Leaden hall Street
5. Full Name of Mother Conradine Rappsilber
6. Mother's Maiden Name born Riens
7. Mother's Birthplace Germanai
8. Full Name of Father August Rappsilber
9. Father's Occupation Cabinetmaker
10. Father's Birthplace Germanai

Name of Medical Attendant, or other Person who makes this Return.

Address Margretha Streng

Remarks Linden Hall Street No. 32.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

• That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 11th of February
4. Place of Birth (Street and Number) No 70 South Bond St
5. Full Name of Mother Franziska Schmidt
6. Mother's Maiden Name " Horr
7. Mother's Birthplace Germany
8. Full Name of Father Adolph Schmidt
9. Father's Occupation Musicianer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Getzke

Address Nor 32 South Bethel St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9214

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 11

4. Place of Birth (Street and Number) No 68 Bond st

5. Full Name of Mother Kate Miller

6. Mother's Maiden Name Kate Ackerman

7. Mother's Birthplace Bavern

8. Full Name of Father Henry William Miller

9. Father's Occupation Shoemacker

10. Father's Birthplace Bavern

Name of Medical Attendant, or other Person who makes this Return. Sophia Silmann

Address No 70 Granby st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

925

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 11th 1875
4. Place of Birth (Street and Number) № 203 Central Avenue
5. Full Name of Mother Florence Estelle Wilson
6. Mother's Maiden Name " " Cole
7. Mother's Birthplace Balto City
8. Full Name of Father Felix Wilson
9. Father's Occupation Plasterer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Andrew Hartman M.D.

Address № 305 N Caroline St

Remarks

926

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Boy

1. *Sex* (state whether Male or Female) ~~Colored Boy~~
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Feb 11th 1875 at 9 Oclock in the Pm
4. *Place of Birth* (Street and Number) No 72 Burgundy Alley South
5. *Full Name of Mother* Mary Dix
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* not Known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 11 Burgundy Alley

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

927

HEALTH DEPARTMENT FEB 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored 11 o'clock
3. Date of Birth February 11th 1875 morning at 11 o'clock
4. Place of Birth (Street and Number) Balto No 88 Ledenhall Street
5. Full Name of Mother Margret Gordon
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father William H Gordon
9. Father's Occupation Laborer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 77 Deborah Burgundy Alley

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

928

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 11th Feluary 1875
4. Place of Birth (Street and Number) 690 W. Pratt st
5. Full Name of Mother Cathern Boyd
6. Mother's Maiden Name Cathern Wexter
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel James Boyd
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 N. Henry st

Remarks Both Mother and child are getting along fine

RETURN OF A BIRTH.

929

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child will in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 11th 1875
4. Place of Birth (Street and Number)	No 575 W. Gay St.
5. Full Name of Mother	Mollie Shipley
6. Mother's Maiden Name	Mollie Burke
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry C. Shipley
9. Father's Occupation	Agent for Compressed Yeast
10. Father's Birthplace	Reisterstown Balto. Co.
Name of Medical Attendant, or other Person who makes this Return.	Walter W. White, M.D.
Address	No. 350 W. Broadway
Remarks	Physical condition of child excellent.

930

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 February 1875
4. Place of Birth (Street and Number)	No 185 Baltimore Balto Md
5. Full Name of Mother	Margaret Ann Dear
6. Mother's Maiden Name	Margaret Ann Merryman
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Thos Dear
9. Father's Occupation	Engineer
10. Father's Birthplace	Northampton Co State of Virginia
Name of Medical Attendant, or other Person who makes this Return,	Miss Conaway
Address	No 185 Baltimore Balto Md
Remarks	Healthy

John T. Dear

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

931

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 11. 1875
4. Place of Birth (Street and Number)	Albert Lt
5. Full Name of Mother	Mary Hahn
6. Mother's Maiden Name	Mary Fell
7. Mother's Birthplace	Baltimore Co
8. Full Name of Father	Adam Hahn
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore Co
Name of Medical Attendant, or other Person who makes this Return.	Dr H. P. Morgan
Address	175 Park top Lt.
Remarks	

RETURN OF A BIRTH.

932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 11th 1875
4. Place of Birth (Street and Number)	No 265 St Paul St Baltimore
5. Full Name of Mother	Maria M Albert
6. Mother's Maiden Name	Maria M Barcom
7. Mother's Birthplace	Virginia Kentucky
8. Full Name of Father	Charles Albert
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 N Charles St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

933

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 11th 1876
4. Place of Birth (Street and Number)	# 316 Alice Ann St. F. P.
5. Full Name of Mother	Elizabeth Yates McGeeney
6. Mother's Maiden Name	Elizabeth Yates.
7. Mother's Birthplace	America
8. Full Name of Father	Owen McGeeney.
9. Father's Occupation	Laborer.
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	# 178 Chapple St. F. P.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

934

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twelfth 12th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 11th 1875
4. Place of Birth (Street and Number) Baltimore Md. 44 Cooksie St.
5. Full Name of Mother Bridget Curran
6. Mother's Maiden Name " Malia
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Curran
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Margaret Ertel

Address No 13 Cuba St Baltimore M D

Remarks Remarkably Healthy Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

935

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th February 1875
4. *Place of Birth (Street and Number)* Baltimore City 461. Grammont St
5. *Full Name of Mother* Elizabeth Riley
6. *Mother's Maiden Name* Elizabeth Ward
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Riley
9. *Father's Occupation* Ingenear
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Nicola T. Chrismer

Address 127 E Monument

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

U 7

936

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 12 1875
4. Place of Birth (Street and Number) [illegible] 63
5. Full Name of Mother [illegible] Bents
6. Mother's Maiden Name [illegible] Schiller
7. Mother's Birthplace [illegible]
8. Full Name of Father [illegible] Bents
9. Father's Occupation Engineer
10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

RETURN OF A BIRTH.

937

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the Eighth

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 12th
4. *Place of Birth (Street and Number)* No 277 N. Eden Street
5. *Full Name of Mother* Sophia Henrietta Crownfield
6. *Mother's Maiden Name* Ring
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Herman Frederick Crownfield
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Kleiber M D

Address No 197 Aisquith Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

938

HEALTH DEPARTMENT
FEB 15 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 1st

1. *Sex (state whether Male or Female)* Male Healthy Child

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* The 12th of February 1875

4. *Place of Birth (Street and Number)* 22 Halverton Road Balto Co.

5. *Full Name of Mother* Minna Miller

6. *Mother's Maiden Name* M. Miller Miehlhousen Germanie

7. *Mother's Birthplace* Miehlhousen Germanie

8. *Full Name of Father* Charles Miller

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Miehlhousen Germanie

Name of Medical Attendant, or other Person who makes this Return. Lizzie Miller

Address At No 854 Smallwood Trail Balto

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

939

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth February 12th 1875

4. Place of Birth (Street and Number) No 121 Register str.

5. Full Name of Mother Barbara Zeller

6. Mother's Maiden Name " Wambach

7. Mother's Birthplace Bavaria.

8. Full Name of Father Joseph Zeller

9. Father's Occupation Shoe Fitter

10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushman

Address 120 Baird str.

Remarks Miscar

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

940

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 12th 1875

4. Place of Birth (Street and Number) 224 Scott st

5. Full Name of Mother Mary Catherine Hutchins

6. Mother's Maiden Name Mary Catherine Hand

7. Mother's Birthplace Baltimore

8. Full Name of Father James Carroll Hutchins

9. Father's Occupation Mariner

10. Father's Birthplace Calvert Co

Name of Medical Attendant, or other Person who makes this Return. A. McC Goldsmith

Address 166 S. Sharp st

Remarks

Extract from Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

941

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 12th 1875
4. Place of Birth (Street and Number) 113 Scott St
5. Full Name of Mother Rose Simons
6. Mother's Maiden Name Rose Samuels
7. Mother's Birthplace London England
8. Full Name of Father Jacob Simons
9. Father's Occupation Tailor
10. Father's Birthplace Poland

Name of Medical Attendant, or other Person who makes this Return. A. Al. Colburn

Address 166 S. Pace St

Remarks

RETURN OF A BIRTH.

942

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 February 1875
4. *Place of Birth (Street and Number)* Forrest st 147
5. *Full Name of Mother* Sophia Burk
6. *Mother's Maiden Name* Sofina Hinchold
7. *Mother's Birthplace* Germany
8. *Full Name of Father* J Burk
9. *Father's Occupation* Harnessmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 182 Monument st

Remarks

Extract from Regulations of the Board of Health relative to securing a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

943

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12 February 1875
4. Place of Birth (Street and Number) No. 13 Orleans street
5. Full Name of Mother Elizabeth Evans
6. Mother's Maiden Name Elizabeth schutz
7. Mother's Birthplace Germany
8. Full Name of Father Jacob H Evans
9. Father's Occupation Mechenist
10. Father's Birthplace ~~Baltimore~~ Harford county

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 182 Monument street

Remarks

944

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 2 Mo 12" 1875
4. Place of Birth (Street and Number) 437 W Baltimore St
5. Full Name of Mother Kate Winder
6. Mother's Maiden Name Kate Kirshner
7. Mother's Birthplace Baltimore
8. Full Name of Father Jno R. Winder
9. Father's Occupation Student
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Wm Riley

Address 47 Lexington St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

945

HEALTH DEPARTMENT FEB 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 [redacted]

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* of White. Race
3. *Date of Birth* 12. th. Febry.
4. *Place of Birth (Street and Number)* Baltimore. 365. Sharp. St
5. *Full Name of Mother* Maydet Ann. Spencer.
6. *Mother's Maiden Name* Margret. Ann. Esinbuger.
7. *Mother's Birthplace* Baltimore M. D.
8. *Full Name of Father* Richard. Perry. Spencer.
9. *Father's Occupation* iron Worker.
10. *Father's Birthplace* Baltimore. M. D.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. String. Midwife

Remarks No. 32. Lieden Rule Street.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

946

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 12
4. Place of Birth (Street and Number) Lombard st No. 77
5. Full Name of Mother Christina Diner
6. Mother's Maiden Name Christina Kramer
7. Mother's Birthplace Bauern
8. Full Name of Father John Diner
9. Father's Occupation Carpenter
10. Father's Birthplace Bauern

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemann

Address No. 70 Granby St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ = 3,d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 5 February
4. Place of Birth (Street and Number) Baltimore Washington No, 5 north
5. Full Name of Mother Katharine Marek
6. Mother's Maiden Name Kath. Darock
7. Mother's Birthplace Nepraihow in Boh
8. Full Name of Father Francis Marek
9. Father's Occupation Shoemaker
10. Father's Birthplace Brezan in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Koptis

Address ~~Brezan in Boh~~ Washington St. No 67

Remarks

Extract Registrations of the Board of Health to Bureau of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1st~~ 3,d,

1. Sex (state whether Male or Female) ~~Male~~ Female
2. Race or Color (if not of the white race) Wheel
3. Date of Birth 5. February
4. Place of Birth (Street and Number) Baltimore Washington St 15 north
5. Full Name of Mother Mary Strubin
6. Mother's Maiden Name Mary Mashek
7. Mother's Birthplace Stanowic in Bohemia
8. Full Name of Father John Strubin
9. Father's Occupation workman
10. Father's Birthplace Stehlovic in Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address Washington St. 69. north

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

~~497~~
949

HEALTH DEPARTMENT
FEB 13 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3tes Chile

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth February 12th 1875
4. Place of Birth (Street and Number) Baltimore, Maderia Aly No 161
5. Full Name of Mother Kunigunda Ott.
6. Mother's Maiden Name Kunigunda Krämer
7. Mother's Birthplace Singritz K. Baiern Germany
8. Full Name of Father John Ott.
9. Father's Occupation none
10. Father's Birthplace Stucht. K. Bayern Germany

Name of Medical Attendant or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

950

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Febr. 12th
4. Place of Birth (Street and Number) S. Ann St. No. 256
5. Full Name of Mother Mary Albert
6. Mother's Maiden Name Mary Leonhardt
7. Mother's Birthplace Kerezheim Baden
8. Full Name of Father George August Albert
9. Father's Occupation Laborer
10. Father's Birthplace Kerezheim Baden

Name of Medical Attendant, or other Person who makes this Return. Maria Lederer

Address ~~[illegible]~~ 23 S. Durham St.

Remarks

957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negro Race.
3. Date of Birth Feb. 12th
4. Place of Birth (Street and Number) 195 Vine St.
5. Full Name of Mother Elizabeth Matthews
6. Mother's Maiden Name " Turner
7. Mother's Birthplace Talbot Co. Md.
8. Full Name of Father John Matthews.
9. Father's Occupation Hod Carrier
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J. G. Willshire M.D.

Address 398 N. Fayette St. City.

Remarks Child is Lasty & Strong.

N—

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

952

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	12th February 1875
4. Place of Birth (Street and Number)	117 Montgomery st
5. Full Name of Mother	Laura Applegarth
6. Mother's Maiden Name	" Pearson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Applegarth
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. W. Webster
Address	57 Biddle st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

953

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th (including twins also previously reported)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 12th 1875
4. Place of Birth (Street and Number)	Lexington Street No 591
5. Full Name of Mother	Cecelia Howser
6. Mother's Maiden Name	Cecelia Bramwell
7. Mother's Birthplace	Carroll County Maryland
8. Full Name of Father	Gassaway S. Howser
9. Father's Occupation	Merchant
10. Father's Birthplace	Frederick County Md.
Name of Medical Attendant, or other Person who makes this Return.	E Goverbeck M.D.
Address	512 W Balto St
Remarks	

Return made Feb 16th 1875

954

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 — X

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) American White
3. Date of Birth February 12 1875
4. Place of Birth (Street and Number) Marsh market space [illegible]
5. Full Name of Mother Catherine Leasure
6. Mother's Maiden Name Catherine McGowan
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Emory Leasure
9. Father's Occupation Blacking manufacturer
10. Father's Birthplace Watertown N. Y.

Name of Medical Attendant, or other Person who makes this Return. Mrs Bessie Kellig

Address 48 Holland St Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

955

HEALTH DEPARTMENT
FEB 17 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12th Jany 1875

4. Place of Birth (Street and Number) No 51 Valley St Baltimore City

5. Full Name of Mother Bridget Nesler

6. Mother's Maiden Name Bridget [illegible]

7. Mother's Birthplace Ireland

8. Full Name of Father Fridrick Nesler

9. Father's Occupation Laborer Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address Baltimore City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

956

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 12th 1875
4. Place of Birth (Street and Number)	Ramsey st. 124 No.
5. Full Name of Mother	Elizabeth Schoberlein
6. Mother's Maiden Name	Elzebeth Hensler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Conrad Schoberlein
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Catherine Mitchell
Address	No. 58 Parker st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

957

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	February 12th 1875
4. Place of Birth (Street and Number)	57 East Madison St.
5. Full Name of Mother	Kate Yost
6. Mother's Maiden Name	Kate Sheetzo
7. Mother's Birthplace	Sunbury Pa.
8. Full Name of Father	George H. Yost
9. Father's Occupation	Engineer
10. Father's Birthplace	Muncy Pa.
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter M.D.
Address	111 Greenmount Ave.
Remarks	Child — Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

958

HEALTH DEPARTMENT
FEB
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th of Feb
4. Place of Birth (Street and Number)	Baltimore No 4 Clemon st.
5. Full Name of Mother	Mary Elizabeth Bethel
6. Mother's Maiden Name	" " " Hodges
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Bethel
9. Father's Occupation	Kaplon of a Bay Craft.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Celestien Conway
Address	
Remarks	

959

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 12th
4. Place of Birth (Street and Number)	162 Pearl Street.
5. Full Name of Mother	Elisabeth Gruss.
6. Mother's Maiden Name	E. Boyer
7. Mother's Birthplace	Switzerland.
8. Full Name of Father	Julius Gruss
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Switzerland.
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	56 Pearl Street.
Remarks	

...of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

960

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Shild.

1. Sex (state whether Male or Female) Mädchen.
2. Race or Color (if not of the white race) Wies.
3. Date of Birth 12 Februar
4. Place of Birth (Street and Number) Park between Clay and Lexington str No 34.
5. Full Name of Mother Mary Jenderick
6. Mother's Maiden Name Mary Raichel
7. Mother's Birthplace Geborene in Preisen ord Rzeazits
8. Full Name of Father Frang Jenderich
9. Father's Occupation Shumeker
10. Father's Birthplace Geborene in Preisen ord Rzeazits

Name of Medical Attendant, or other Person who makes this Return. Walburga Müller

Address 165 Sterling St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

961

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Feb. 12th 1875. 2.15 P.M.
4. *Place of Birth* (Street and Number) No. 16 Stiles st.
5. *Full Name of Mother* Mary Ann Dunn
6. *Mother's Maiden Name* " " Neligan
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Christopher Joseph Dunn
9. *Father's Occupation* Trunk Maker
10. *Father's Birthplace* Malaghide Dublin Co. Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D

Address 27. N. Broadway

Remarks The above child died soon after delivery on account of prolapsus of the umbilical cord during delivery

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

962

HEALTH DEPARTMENT FEB 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 4 the Child
1. Sex (state whether Male or Female)	a Daughter
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 d of Feb. 1875
4. Place of Birth (Street and Number)	No 294 Babil av.
5. Full Name of Mother	Mathillde Wildt.
6. Mother's Maiden Name	Miller.
7. Mother's Birthplace	(August Wildt.)
8. Full Name of Father	
9. Father's Occupation	Laborer.
10. Father's Birthplace	both from Germana.
Name of Medical Attendant, or other Person who makes this Return.	Julie Lohrwasser Mid. wife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

963

HEALTH DEPARTMENT
FEB 15 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth February 13th 1875
4. Place of Birth (Street and Number) No 93 Chappel st.
5. Full Name of Mother Rinigunde Gummer
6. Mother's Maiden Name " Wagner
7. Mother's Birthplace Bavaria Germany
8. Full Name of Father Thomas Gummer
9. Father's Occupation Laborer
10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

964

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth February 15th 1875
4. Place of Birth (Street and Number) No 65 Lucerne st.
5. Full Name of Mother Kate E Lenard
6. Mother's Maiden Name " " Barley
7. Mother's Birthplace City
8. Full Name of Father Charles Lenard
9. Father's Occupation Driver
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

965

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Febuary 13th 1875
4. Place of Birth (Street and Number) No. 145. Biddle Street
5. Full Name of Mother Elizebeth Hill
6. Mother's Maiden Name Elizebeth Binnix Widow Maiden name Hart
7. Mother's Birthplace Mifflers island Md
8. Full Name of Father Jesse Hill
9. Father's Occupation Carpenter
10. Father's Birthplace Somerset county Md

Name of Medical Attendant, or other Person who makes this Return. M. A. Rutt.

Address 209 Monument Street cor. of Central Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

966

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 13th 1875
4. *Place of Birth (Street and Number)* No 211 W. Lombard St. Baltimore Md
5. *Full Name of Mother* Eugenia Meginniss
6. *Mother's Maiden Name* Eugenia Boyer
7. *Mother's Birthplace* Queen Anne County Maryland
8. *Full Name of Father* Nathaniel Thomas Meginniss
9. *Father's Occupation* Teller Bank of Commerce
10. *Father's Birthplace* Kent County Maryland

Name of Medical Attendant, or other Person who makes this Return Pembroke M. Womble M.D.

Address No 203 W. Lombard St Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

967

HEALTH DEPARTMENT FEB 15 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feb. 13th 1875
4. Place of Birth (Street and Number)	No 700 N. Patt Street
5. Full Name of Mother	Martha Winters
6. Mother's Maiden Name	Pennington
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Winters
9. Father's Occupation	Bar tender
10. Father's Birthplace	Baltimore Co
Name of Medical Attendant, or other Person who makes this Return.	A Dieudonné M. D
Address	88 N. Eutaw Street
Remarks	Natural labor and child well developed

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored white
3. Date of Birth 13th Februar 1875
4. Place of Birth (Street and Number) Canton Ave. Maderi-elle No. 219
5. Full Name of Mother Margreta Rau
6. Mother's Maiden Name Margrete Bieger
7. Mother's Birthplace Forgheim (Baiern)
8. Full Name of Father Johann Rau
9. Father's Occupation Tailleur
10. Father's Birthplace Ludenheim (Baiern)

Name of Medical Attendant, or other Person who makes this Return. Dr. Fr. Luckan

Address Wolfstreet No. 173

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

969

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
22
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 13th "
4. Place of Birth (Street and Number)	350. ~~Sharp St~~ Sharp St
5. Full Name of Mother	Emma Oesterla
6. Mother's Maiden Name	Wehn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Adam J. Oesterla
9. Father's Occupation	Ticket Agent
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Rees.
Address	328 South Eutaw St.
Remarks	Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

970

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 February 1875
4. *Place of Birth (Street and Number)* Harford Avenue no number
5. *Full Name of Mother* Lizzie Minnig
6. *Mother's Maiden Name* Lizzie Baly
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mr Minnig
9. *Father's Occupation* Beerbrewer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 Monument street

Remarks

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

971

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
20
1875
BALTIMORE.

Order of Child of Mother (state whether 1st, 2d, 3d, &c.) First child
Sex (state whether Male or Female) Female
Race or Color (if not of the white race) White
Date of Birth February 13th 1875
Place of Birth (Street and Number) N. Calvert St N 174
Full Name of Mother Laura Ann Starke
Mother's Maiden Name Laura Ann Placido
Mother's Birthplace Baltimore
Full Name of Father Alexander L Starke
Father's Occupation Librarian
Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard
Address N 11th Park Avenue
Remarks

RETURN OF A BIRTH.

972

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb = 13th
4. Place of Birth (Street and Number)	No- 62 South Bond St.
5. Full Name of Mother	Annie Punte
6. Mother's Maiden Name	Annie Wenckel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Punte
9 Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	No 151 East Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

973

HEALTH DEPARTMENT
FEB 13 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9d

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 13th February 875
4. Place of Birth (Street and Number) 84 East Avenue
5. Full Name of Mother Jessy. McCain
6. Mother's Maiden Name Sickle
7. Mother's Birthplace Baltimore
8. Full Name of Father John McCain
9. Father's Occupation Triber
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

974

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Brown
3. Date of Birth	February 13th
4. Place of Birth (Street and Number)	No 94 Short St
5. Full Name of Mother	Mary Ann Frances Elizabeth Louis
6. Mother's Maiden Name	Green
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Henry Louis
9. Father's Occupation	Grain Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Whitfield Winans M. D.
Address	116 E. Fayette St
Remarks	Born at full term, large & healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

975

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 13. 1875.
4. *Place of Birth (Street and Number)* No. 30 Addison St.
5. *Full Name of Mother* Mrs. Elizabeth Newman.
6. *Mother's Maiden Name* Elizabeth Newman.
7. *Mother's Birthplace* County Cork Ireland.
8. *Full Name of Father* Mr. Michael. Newman.
9. *Father's Occupation* Meat cleaner.
10. *Father's Birthplace* Clonralleigh Longford Ireland.

Name of Medical Attendant, or other Person who makes this Return. Ursula S. Chrisman

Address No. 111 E. Monument St.

Remarks Baltimore City

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 18 Feb. 1875.
4. *Place of Birth (Street and Number)* 70 Wolf st.
5. *Full Name of Mother* Mary Winter.
6. *Mother's Maiden Name* Rosenberger.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Andrew Chs. Winter.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Germany (Prussia)

Name of Medical Attendant or other Person who makes this Return. Miss Mary Walter

Address No. 125 North Caroline st.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ 3, d,

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18 February
4. Place of Birth (Street and Number) Baltimore Dungan St. 58
5. Full Name of Mother Maria Shimek
6. Mother's Maiden Name " Forst
7. Mother's Birthplace Kowarowa in Boh
8. Full Name of Father Frantis Shimek
9. Father's Occupation workman
10. Father's Birthplace Klattau in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Kopkis

Address Washingt. St. 69

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

978

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third -
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 13th 1875
4. Place of Birth (Street and Number) No. 11	Jackson Square -
5. Full Name of Mother	Hester Ann Evans -
6. Mother's Maiden Name	Hester Ann King -
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Evans, Jr. -
9. Father's Occupation	Oyster & Fruit Packer -
10. Father's Birthplace	Ireland, Summersetshire, England -
Name of Medical Attendant, or other Person who makes this Return.	John T. King M.D. -
Address	Edmondson Ave -
Remarks	near Carrollton Ave - Natural Labor -

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

979

HEALTH DEPARTMENT
FEB
16
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 13th 1875
4. *Place of Birth (Street and Number)* 163 N. Carey
5. *Full Name of Mother* Kate Wheatley
6. *Mother's Maiden Name* Kate Stoddard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm F. Wheatley
9. *Father's Occupation* Secretary Com & Flour Exchange
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edwd F. Nicholson Med.

Address 279 W. Lombard

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

980

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) the White race.
3. *Date of Birth* 13 of February.
4. *Place of Birth* (Street and Number) No 14 Jackson Court.
5. *Full Name of Mother* Johanna Hasbin
6. *Mother's Maiden Name* Johanna Hildebrandt
7. *Mother's Birthplace* in Germany City Brownschweig.
8. *Full Name of Father* Henry Hildebrandt.
9. *Father's Occupation* a Tinner.
10. *Father's Birthplace* in Germany City Northausen.

Name of Medical Attendant, or other Person who makes this Return. Mrs Theresa Eigelsbing Midwife.

Address No 14 Union Street.

Remarks

981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) The 4th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Black Color.
3. *Date of Birth* Feb. 13th 1875.
4. *Place of Birth (Street and Number)* Baltimore No. 120 S. Sharp St.
5. *Full Name of Mother* Dibla Hartman
6. *Mother's Maiden Name* Dibla Garrison
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* George Hartman
9. *Father's Occupation* Cart Driver
10. *Father's Birthplace* Talbot Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. Melia Potter. Colored.

Address No. 191 Hughes St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 1st

1. Sex (state whether Male or Female) Male healthe

2. Race or Color (if not of the white race) white

3. Date of Birth Feb. 13th 1875

4. Place of Birth (Street and Number) Calverton Road Balto. County

5. Full Name of Mother Fazillie Rohnacker

6. Mother's Maiden Name Fazillie Hummel

7. Mother's Birthplace Northeim Germania

8. Full Name of Father Lewis Rohnacker

9. Father's Occupation Bar Brewer

10. Father's Birthplace Heidelberg Germania

Name of Medical Attendant, or other Person who makes this Return. Lizzie Millar

Address No. 57 Smallwood Street Balto.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

983.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 13 1875
4. *Place of Birth (Street and Number)* South Wolf str No 21
5. *Full Name of Mother* Katharina Schleber
6. *Mother's Maiden Name* Katharina Schleber
7. *Mother's Birthplace* 1 Str No 433 Washington
8. *Full Name of Father*
9. *Father's Occupation* Unehliche | Fatherschaft
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Johanna ~~H~~ Raunach

Address 19 South Wolf str

Remarks Midwife

[illegible]

984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th Feb 1875
4. Place of Birth (Street and Number)	703 west Lombard st Balt.
5. Full Name of Mother	Emily J. Aschman
6. Mother's Maiden Name	Alfonsen
7. Mother's Birthplace	Dauphin, Pennsylvania
8. Full Name of Father	Nathaniel Aschman
9. Father's Occupation	Business Agent + Solicitor
10. Father's Birthplace	Eastern Shore Maryland
Name of Medical Attendant, or other Person who makes this Return.	Edw H. White M.D.
Address	111 N. Charles St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

985

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) "

3. Date of Birth Feb 13th 1875

4. Place of Birth (Street and Number) 544 Light Street.

5. Full Name of Mother Mary Egert

6. Mother's Maiden Name Mary Krebs.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Louis Egert.

9. Father's Occupation Labor

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. C. Dorothea Brune.

Address 114 Battery Av.

Remarks

986

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighteenth — 18th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13th February
4. Place of Birth (Street and Number) No. 11 Choptank St
5. Full Name of Mother Regina Seitz
6. Mother's Maiden Name " Kissner
7. Mother's Birthplace Germany
8. Full Name of Father Charles Seitz
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Margrosa Rudiger

Address 134 North Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

987

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10, d
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th of February 1875
4. Place of Birth (Street and Number)	88 Harrison Street
5. Full Name of Mother	Barbara Rosenthal
6. Mother's Maiden Name	Barbra Hahn
7. Mother's Birthplace	Waldeck Germany
8. Full Name of Father	Simon Rosenthal
9. Father's Occupation	Clothing Store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiss
Address	H & E Fayette St
Remarks	

RETURN OF A BIRTH.

~~974~~ 988

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Männlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 13 February
4. Place of Birth (Street and Number) Graßstritt 437
5. Full Name of Mother Sarah Leutner
6. Mother's Maiden Name Sarah Getz
7. Mother's Birthplace Baltimore
8. Full Name of Father Friedrich Leutner
9. Father's Occupation Schreiner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address Lutenholstritt 74

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Feb. 14th 1875
4. *Place of Birth* (Street and Number)	79 Johnson St.
5. *Full Name of Mother*	Josepha Stauter
6. *Mother's Maiden Name*	Josepha Meisenzahe
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Hieronymus Stauter
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. H. Smith M.D.
Address	108 S. Sharp St.
Remarks	Natural Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

990

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nt Child

1. Sex (state whether Male or Female) Mänlich

2. Race or Color (if not of the white race) Weiß

3. Date of Birth 14 Februar

4. Place of Birth (Street and Number) South Bittle St. No 110.

5. Full Name of Mother Elisabeth Meller

6. Mother's Maiden Name ygl. Elisabeth Grüner

7. Mother's Birthplace ygl. in Baltimore

8. Full Name of Father Charles Miller

9. Father's Occupation Grocer

10. Father's Birthplace ygl. Mannheim in Baden

Name of Medical Attendant, or other Person who makes this Return. Wallburga Müller

Address 165 Hanover St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

991

HEALTH DEPARTMENT
FEB 18 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth February 14
4. Place of Birth (Street and Number) No 245 Alice Ann St
5. Full Name of Mother Anna Müller
6. Mother's Maiden Name Anna Humbold
7. Mother's Birthplace Oberwelt
8. Full Name of Father Carl Heinrich Fred Müller
9. Father's Occupation Saddler
10. Father's Birthplace Golmbach

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Pond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

992

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth February 14th 1875
4. Place of Birth (Street and Number) Baltimore S. Eden St. No. 96.
5. Full Name of Mother Katharina Blessing
6. Mother's Maiden Name Katharine Forastburg
7. Mother's Birthplace Baltimore City
8. Full Name of Father Simon Blessing
9. Father's Occupation none
10. Father's Birthplace Fischbach. Gr. Baden Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sunday July 11th. 1875. 11½ P.M.
4. *Place of Birth (Street and Number)* Lemmon's Near Calverton Road
5. *Full Name of Mother* Susan Causey
6. *Mother's Maiden Name* Susan Johnson
7. *Mother's Birthplace*
8. *Full Name of Father* Wm Causey
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Louis McCashmaid

Address 949 W Lexington St

Remarks Natural Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

994

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febuary 14th 1875.
4. *Place of Birth (Street and Number)* No 95. Somerset St. near Biddle.
5. *Full Name of Mother* Sarah Glock
6. *Mother's Maiden Name* Sarah Wilhelm.
7. *Mother's Birthplace* Baltimore County. Maryland.
8. *Full Name of Father* George H. Glock.
9. *Father's Occupation*
10. *Father's Birthplace* Kingdom. Wurtemburg. Germany.

Name of Medical Attendant, or other Person who makes this Return. M. A. Built.

Address 209. Monument St. cor. of Central. Avenue.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 14th 1875
4. Place of Birth (Street and Number) 54 S. Stricker St
5. Full Name of Mother Bridget Malone
6. Mother's Maiden Name " McLaughlin
7. Mother's Birthplace Balto
8. Full Name of Father James Malone
9. Father's Occupation Porter
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Benson M.D.

Address 144 Hanover St

Remarks

996

HEALTH DEPARTMENT
FEB 20 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Color
3. Date of Birth Feb 14 1875
4. Place of Birth (Street and Number) Baltimore No. 27 Lord St
5. Full Name of Mother H. Spadson
6. Mother's Maiden Name H. Mason
7. Mother's Birthplace Baltimore
8. Full Name of Father J. B. Masson
9. Father's Occupation Waiter
10. Father's Birthplace Sant Mary Cautty Md

Name of Medical Attendant, or other Person who makes this Return. S. Haunds 135 Cus Nut St

Address Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 14th 1875 1 P.M
4. Place of Birth (Street and Number) 52 Ensor Street.
5. Full Name of Mother Martha Sachse
6. Mother's Maiden Name Martha Knaus
7. Mother's Birthplace Germany
8. Full Name of Father D. F. Sachse
9. Father's Occupation Maschinist
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. G. A. Dohme M.D.

Address 86 E. Fayette Str

Remarks Natural Birth Duration about 3 hours

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2?

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth February 14 1875
4. Place of Birth (Street and Number) Hollins near Carey
5. Full Name of Mother Molly Deems
6. Mother's Maiden Name Molly White
7. Mother's Birthplace Washington
8. Full Name of Father J Harry Deems
9. Father's Occupation Professor of Music
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. J M Whitlow

Address 251 Madison Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 14th 1875.
4. Place of Birth (Street and Number)	#169 Madeira alley F. P.
5. Full Name of Mother	Kate Seibert Smithbleichen
6. Mother's Maiden Name	Kate Seibert.
7. Mother's Birthplace	America.
8. Full Name of Father	George Smithbleichen.
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms.
Address	#178 Chapel st. F. P.
Remarks	

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1000

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 23 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 14th 1875
4. Place of Birth (Street and Number)	#364 Eastern Av. F.P.
5. Full Name of Mother	Elmira Kraus Ely.
6. Mother's Maiden Name	Elmira Kraus.
7. Mother's Birthplace	America
8. Full Name of Father	Joseph F. Ely.
9. Father's Occupation	Teamster
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	No 178 S. Chapel St. F.P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1001

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 14
4. Place of Birth (Street and Number)	West St. 366
5. Full Name of Mother	Lory Niemand
6. Mother's Maiden Name	Hahn
7. Mother's Birthplace	Kur. Hessen
8. Full Name of Father	John. F. Niemand
9. Father's Occupation	Grocery. dealer
10. Father's Birthplace	Hanover
Name of Medical Attendant, or other Person who makes this Return.	Mary Kron
Address	328 S. Eutaw St.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 → ~~[illegible]~~ 8

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) American White
3. Date of Birth February 14th 1875
4. Place of Birth (Street and Number) Holland St No 46 Baltimore Md
5. Full Name of Mother Helena Goiyert
6. Mother's Maiden Name Helena Kaiser
7. Mother's Birthplace Hanover Europe
8. Full Name of Father August Goiyert
9. Father's Occupation Drayman
10. Father's Birthplace Hanover Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Bess Hellig

Address 48 Holland St Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1003

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) American White
3. Date of Birth February 14th 1875
4. Place of Birth (Street and Number) Baltimore Md ~~Feb~~ Jay Wk
5. Full Name of Mother Emma Frank
6. Mother's Maiden Name Emma Laier
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Charles Frank
9. Father's Occupation Merchant Tailor
10. Father's Birthplace Kurhessen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Bose Wellig

Address 48 Holland Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14. February. 1875
4. *Place of Birth (Street and Number)* Benthal Avenue
5. *Full Name of Mother* Caline Schaffer
6. *Mother's Maiden Name* Caline Klingaffer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Schaffer
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 Monument Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1005

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 24 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 14th
4. Place of Birth (Street and Number)	No 20 Shakespeare Ste-
5. Full Name of Mother	Annie Rittenpusch
6. Mother's Maiden Name	Annie Lacate
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad Rittenpusch
9 Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	No 151 East Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

(state whether Male or Female) male

e or Color (if not of the white race) Colored

of Birth 14th February

e of Birth (Street and Number) 280 McDonough st

Name of Mother Elizabeth Wilson

her's Maiden Name Elizabeth Stepney

her's Birthplace Annarundel Co

Name of Father John Wilson

er's Occupation Oyster Schucker

er's Birthplace Annarundel Co

ne of Medical Attendant, or other Person who makes this Return. Elizabeth Foot Midwife

ress Milliman st

arks

RETURN OF A BIRTH.

1007

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	five 5 ~~14~~ 11th
1. *Sex* (state whether Male or Female)	Femal
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Febawy 14th 1875
4. *Place of Birth* (Street and Number)	Locust Point Hull St
5. *Full Name of Mother*	Mary Matilda Rese
6. *Mother's Maiden Name*	Victor
7. *Mother's Birthplace*	Germuny
8. *Full Name of Father*	David Rese
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	South Wales
Name of Medical Attendant, or other Person who makes this Return	Margaret Eatel
Address	Davie Rese Hull St Locust Point Balto. Md.
Remarks	Five Children all in good health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1008

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth 14th Feby 1875
4. Place of Birth (Street and Number) 32 Ryan Street
5. Full Name of Mother Kate Hogan Codd
6. Mother's Maiden Name Kate Hogan
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas Codd
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo H. Eyster

Address

Remarks #1 Waverley Terrace

RETURN OF A BIRTH. 1009

HEALTH DEPARTMENT
FEB
12
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feby 14. 1875
4. Place of Birth (Street and Number)	5. Mott Street
5. Full Name of Mother	Louisa Dutton
6. Mother's Maiden Name	Louisa Lane
7. Mother's Birthplace	Balto City
8. Full Name of Father	Levi Dutton
9. Father's Occupation	Hackman
10. Father's Birthplace	Balto County
Name of Medical Attendant, or other Person who makes this Return.	Sophia Haimond
Address	135 Chestnut St
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 1010

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14th February
4. Place of Birth (Street and Number) Monument St Btw Castle & Chester St
5. Full Name of Mother Henrietta Hohman
6. Mother's Maiden Name " Kiengle
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Conrad Hohman
9. Father's Occupation Pork Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Margrosa Rudiger

Address 134 North Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1011

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
17
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Feb 14th 1875
4. *Place of Birth* (Street and Number) 122 Battery Av.
5. *Full Name of Mother* Dorothea Neuman
6. *Mother's Maiden Name* Dorothea Schmidt.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Caspar Neuman
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 114 Battery Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 2 Coned

1. Sex (state whether Male or Female) Male healthe Child

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 14th 1875

4. Place of Birth (Street and Number) No 129 West Lombert St Balto.

5. Full Name of Mother Annie ~~Cleary~~ Cunningham

6. Mother's Maiden Name A. Cleary

7. Mother's Birthplace born in Ireland

8. Full Name of Father John Cunningham "

9. Father's Occupation Labour

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood Street Balto.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born alive or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1013

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 14. 1875
4. Place of Birth (Street and Number)	Richmond st Balto
5. Full Name of Mother	Sarah White
6. Mother's Maiden Name	Sarah Pattison
7. Mother's Birthplace	Co Derry Ireland
8. Full Name of Father	Mathew White
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Co Tyrone Ireland
Name of Medical Attendant, or other Person who makes this Return.	J H Patterson M D
Address	23 Franklin st Balto
Remarks	

RETURN OF A BIRTH.

1014

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 19 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 14th 1875
4. Place of Birth (Street and Number)	No 112 Baltimore, av
5. Full Name of Mother	Mary J. Decker
6. Mother's Maiden Name	Mary J. Keller
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Geo. Decker
9. Father's Occupation	Painter
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	H B Nolle, Jr, D
Address	17 Warren St
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 14th 1875
4. Place of Birth (Street and Number)	12 Chestnut Alley
5. Full Name of Mother	Maria Wächter
6. Mother's Maiden Name	Maria Bäringer
7. Mother's Birthplace	Offenheim Bavaria
8. Full Name of Father	August Wächter
9. Father's Occupation	Laborer
10. Father's Birthplace	Winzingerde Prussia
Name of Medical Attendant, or other Person who makes this Return.	Annie Rosenwald (Midwife)
Address	214 Preston St
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1016

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 14th 1875
4. Place of Birth (Street and Number)	Baltimore MD. Christie st. No 47.
5. Full Name of Mother	Elizabeth Morse
6. Mother's Maiden Name	Elizabeth Emery
7. Mother's Birthplace	Maine
8. Full Name of Father	Francis Wheeler Morse
9. Father's Occupation	Sea Captain
10. Father's Birthplace	Nova Scotia.
Name of Medical Attendant, or other Person who makes this Return.	Margaret A Davenport
Address	218 Bank st.
Remarks	Mother & child are doing well.

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1017

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child. Sacking 10 oz

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth 14 February.
4. Place of Birth (Street and Number) 182 Linden Avenue.
5. Full Name of Mother Pauline ~~Fiel~~ Müller.
6. Mother's Maiden Name Pauline Fiel.
7. Mother's Birthplace Germany City Beaderkopf.
8. Full Name of Father Andrew Müller.
9. Father's Occupation a Shoemaker
10. Father's Birthplace in Germany City Ashbough

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1018

HEALTH DEPARTMENT
FEB 19 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.) 2

1. Sex (state whether Male or Female) Männlich

2. Race or Color (if not of the white race) Weiss

3. Date of Birth 14 Februar 1876

4. Place of Birth (Street and Number) 206 Lie Stritt

5. Full Name of Mother Johannete Hättrich

6. Mother's Maiden Name Johannete Feige

7. Mother's Birthplace Deutschland

8. Full Name of Father Heinrich Hättrich

9. Father's Occupation Schneider

10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Headenhal Stritt

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1019

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Febry 15th 1875
4. Place of Birth (Street and Number) 239 N Calvert street
5. Full Name of Mother Sarah Margaret Guest
6. Mother's Maiden Name Sarah Margaret Campbell
7. Mother's Birthplace Philadelphia
8. Full Name of Father George Guest
9. Father's Occupation Lawyer and Real Estate Broker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cary B Gamble M D

Address 40 Richmond street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Feb. 15th
4. *Place of Birth* (Street and Number)	253 Saratoga St
5. *Full Name of Mother*	Josephine Muth
6. *Mother's Maiden Name*	Josephine Katzenberger
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	H. Joseph Muth
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	D. E. Chatard Jr
Address	114 Park St
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1021

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
18
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Knabe
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* 15th February
4. *Place of Birth (Street and Number)* South Central Av No 51.
5. *Full Name of Mother* Mathilde Zimmer
6. *Mother's Maiden Name* Mathilde Miller
7. *Mother's Birthplace* Unterfranken Forst Landheim
8. *Full Name of Father* Georg Zimmer
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Unterfranken Unterfranken

Name of Medical Attendant, or other Person who makes this Return. Mathilde Miller

Address 165 Stirling

Remarks

RETURN OF A BIRTH.

1022

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 15 1875.
4. Place of Birth (Street and Number)	299 Canal St
5. Full Name of Mother	Elizabeth Schaefer
6. Mother's Maiden Name	Dr Krebs
7. Mother's Birthplace	Germany
8. Full Name of Father	George Schaefer
9. Father's Occupation	Gardner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Reported by Father
Address	299 Canal St
Remarks	Had neither Midwife or Doctor

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1023

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 17 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th of Febuay
4. Place of Birth (Street and Number)	No. 24 Weith Street
5. Full Name of Mother	Ruth Langville
6. Mother's Maiden Name	Ruth Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Langville
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary M. Horrigan
Address	112 Scott Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Feet Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

1024

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 15. 1875.
4. Place of Birth (Street and Number)	330 E. Pratt St.
5. Full Name of Mother	Mary E. Rusk
6. Mother's Maiden Name	Mary Tisley
7. Mother's Birthplace	Balt City
8. Full Name of Father	Geo. Glanville Rusk.
9. Father's Occupation	Physician
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville Rusk M.D.
Address	Balt & Washington Sts
Remarks	Natural.

RETURN OF A BIRTH.

1023

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Col
3. *Date of Birth* 15th July
4. *Place of Birth (Stree and Number)* 63 Penn Aly
5. *Full Name of Mother* Sarah Watkins
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Caleb Watkins
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Francis Cook

Address No 10 Penn Aly

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1026

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth February 15th

4. Place of Birth (Street and Number) 185 W. Pratt Street

5. Full Name of Mother Mariane Debar

6. Mother's Maiden Name H. Cohn

7. Mother's Birthplace Hambourg Germany

8. Full Name of Father Louis Debar

9. Father's Occupation Tailor

10. Father's Birthplace Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 56 Pearl Street

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~12~~ 1027

HEALTH DEPARTMENT FEB 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~[illegible]~~)

1. Sex (state whether Male or Female) Männlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 15 Februar 1875
4. Place of Birth (Street and Number) 282 Mockrandstritt
5. Full Name of Mother Karolina Prog
6. Mother's Maiden Name Karolina Krieger
7. Mother's Birthplace Baltimore
8. Full Name of Father Heinrich Prog
9. Father's Occupation Deutschland
10. Father's Birthplace Arbeiter

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leadenhal Stritt

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1028
1029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

Twins.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) female & male
2. Race or Color (if not of the white race)
3. Date of Birth February 15th
4. Place of Birth (Street and Number) 135 Mulberry Str.
5. Full Name of Mother Virginia
6. Mother's Maiden Name " Korff
7. Mother's Birthplace Georgetown D.C.
8. Full Name of Father Caspar Bub
9. Father's Occupation Varnisher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. L. H. Merawetz M.D.

Address 137 W Fayette Str.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 February 1875
4. *Place of Birth (Street and Number)* Central Avenue No. 317
5. *Full Name of Mother* Mary Schroder
6. *Mother's Maiden Name* Mary Schnawman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Bernhart Schroder
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 Monument street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record by Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

1031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) Collord
3. Date of Birth th 15 of February 1875
4. Place of Birth (Street and Number) 112 Sterling Street
5. Full Name of Mother Lewey Ann Mcnaney
6. Mother's Maiden Name Lewey And Cobling
7. Mother's Birthplace Spring full Virginia
8. Full Name of Father Nanill Pontney
9. Father's Occupation oyster Shucard
10. Father's Birthplace Spring full Virginia

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address No 70 Chesnut Street

Remarks Child Mother drop Well

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feby 15th '75
4. Place of Birth (Street and Number) No 45 China St
5. Full Name of Mother Ann Augusta Thompson
6. Mother's Maiden Name —
7. Mother's Birthplace —
8. Full Name of Father Wm H. Thompson
9. Father's Occupation Dragman
10. Father's Birthplace Westminster Md

Name of Medical Attendant, or other Person who makes this Return. Hef W Powell MD

Address 87 Franklin St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White Race
3. *Date of Birth* 15th of Febuary.
4. *Place of Birth (Street and Number)* Corner of Rock & Lexington st. N.
5. *Full Name of Mother* Paulina Schiminger
6. *Mother's Maiden Name* Paulina Grender
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Harman Schiminger
9. *Father's Occupation* Laborar
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharina Tubach

Address West Lexington St 439

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1034

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 15th 1875
4. Place of Birth (Street and Number) No. 10 Irving Place
5. Full Name of Mother Mrs. Elizabeth Benson
6. Mother's Maiden Name Miss Elizabeth Calwel
7. Mother's Birthplace Virginia
8. Full Name of Father Wm Paul Benson
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm H. Cleridine

Address No. 9 S. N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1035

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third child,
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Febuary 15th 1875. /Monday/
4. Place of Birth (Street and Number)	No 433 Calhoun St, Balto Md
5. Full Name of Mother	Eunice E Booker,
6. Mother's Maiden Name	Eunice E Knight
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jas W. Booker,
9. Father's Occupation	Painter,
10. Father's Birthplace	Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return.	E. Sinclair,
Address	No 29 Monroe St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics of the City of Baltimore.

1036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 15th
4. Place of Birth (Street and Number)	801 Bolt°. St
5. Full Name of Mother	Martha Permela Hendrickson
6. Mother's Maiden Name	Miller
7. Mother's Birthplace	Howard Co Md
8. Full Name of Father	W. F. Hendrickson
9. Father's Occupation	Bailiff
10. Father's Birthplace	Bolt°.
Name of Medical Attendant, or other Person who makes this Return.	H R Noel M.D.
Address	No 10 N. Carey
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

1037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 15th of February 75
4. Place of Birth (Street and Number) 68 N. Oregon st
5. Full Name of Mother Anna Margaretha Rapp
6. Mother's Maiden Name Anna Margaretha Weber
7. Mother's Birthplace Fronhausen (Germany)
8. Full Name of Father Johan Rapp
9. Father's Occupation Shoe manufacturer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. A. Heldman M.D.

Address 120 Pearl st Baltimore

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No. 6.
1038

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 15th 8 30 P.M. 1875
4. Place of Birth (Street and Number) 301 Druid Hill Avenue
5. Full Name of Mother Emma Elizabeth Gould
6. Mother's Maiden Name Emma Elizabeth Dunsford
7. Mother's Birthplace South St - Balto City
8. Full Name of Father William Wallace Gould
9. Father's Occupation — Retired
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr James E. Drinnelle

Address 299 E. Baltimore St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 berth Wednesday

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colorde
3. Date of Birth 15 of February
4. Place of Birth (Street and Number) No 215 Sharp Baltimore
5. Full Name of Mother Harriet A Winters
6. Mother's Maiden Name Harriet Ann Williams
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father Charles W. Winters
9. Father's Occupation Grain measure
10. Father's Birthplace Washington D C

Name of Medical Attendant, or other Person who makes this Return. Lucy Sidney

Address

Remarks

Midwife Lucy Sidney No 45 peach ally

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1040

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth February 15th 1875
4. Place of Birth (Street and Number) Baltimore Hampstead St. No 36.
5. Full Name of Mother Katharine Bock
6. Mother's Maiden Name Katharine Ferdner
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Bock
9. Father's Occupation Shoemaker
10. Father's Birthplace Singnitz Vr. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No, 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1041

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex* (state whether Male ~~or Female~~) White

2. *Race or Color* (if not of the white race)

3. *Date of Birth* February 15th 1875

4. *Place of Birth* (Street and Number) Baltimore S. Caroline St. No 167.

5. *Full Name of Mother* Mary Siegler

6. *Mother's Maiden Name* Mary Bopst.

7. *Mother's Birthplace* Preis K. Preussen Germany

8. *Full Name of Father* Alexander Siegler

9. *Father's Occupation* Schunkdehler

10. *Father's Birthplace* Weissenheim K. Preussen Germany

Name of Medical Attendant or other Person who makes this Return. Mary E. Keller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

1042

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 2 Mo. 16 1875
4. Place of Birth (Street and Number) 22 E Fayette St
5. Full Name of Mother Mary E. Bancroft
6. Mother's Maiden Name Mary E Miller
7. Mother's Birthplace Maryland.
8. Full Name of Father John D. Bancroft
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Riley

Address 47 Lexington St

Remarks

Fee Record of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1043

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Called
3. Date of Birth	the 16 of [illegible]
4. Place of Birth (Street and Number)	No 48 Chemist Street
5. Full Name of Mother	Mary Elye Jones
6. Mother's Maiden Name	Mary Lay Johnson
7. Mother's Birthplace	Baltimore County Ellicott Mills
8. Full Name of Father	James Henry Jones
9. Father's Occupation	Lord Carr
10. Father's Birthplace	Pensilvani
Name of Medical Attendant, or other Person who makes this Return.	Bossett William
Address	70 Chemist Street
Remarks	Child [illegible]

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Boy – Parker Cook
2. Race or Color (if not of the white race)
3. Date of Birth Feby 16.
4. Place of Birth (Street and Number) Lexington cor Strickles
5. Full Name of Mother Virginia Cook
6. Mother's Maiden Name Virginia Jarboe
7. Mother's Birthplace Balto.
8. Full Name of Father Henry F Cook
9. Father's Occupation Bookseller
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. J H McNilson

Address 251 Madison Ave.

Remarks Full given name added by brother upon applying for a transcript.

Vernon Cook, Brother

L. E. Wehn - Birth Index Clerk May 22-1929

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 16th 1875
4. Place of Birth (Street and Number) 308 Canton Ave
5. Full Name of Mother Christina Bechtold
6. Mother's Maiden Name Christina Bauer
7. Mother's Birthplace Baltimore
8. Full Name of Father William Bechtold
9. Father's Occupation Cemical Works
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas. C. Brendel

Address No 208 South Bond St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16. February 1875
4. Place of Birth (Street and Number) Frederick street No 18
5. Full Name of Mother Johanna Loos
6. Mother's Maiden Name Johanca Zimmermann
7. Mother's Birthplace Brounenschwige
8. Full Name of Father Henry Loos
9. Father's Occupation Restraint
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hilleyer

Address 182 Monument Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty of Five Dollars for the City of Baltimore.

1047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 20 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 February 1875
4. *Place of Birth (Street and Number)* Central Avenue No 264
5. *Full Name of Mother* Josephina Klein
6. *Mother's Maiden Name* Josephina Moosmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Klein
9. *Father's Occupation* Driver
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hilleyeist

Address 182 Monument Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or, not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

And Record of Births in the City of Baltimore.

1048

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7. Children

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth 16 of February.

4. Place of Birth (Street and Number) No. 24 Johnson St.

5. Full Name of Mother Mary Collins.

6. Mother's Maiden Name Mary Mounell.

7. Mother's Birthplace Ireland

8. Full Name of Father Henery Collins.

9. Father's Occupation Laber.

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address W. St. No. 128.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1049

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Children

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 16. of Febuary

4. Place of Birth (Street and Number) No. 68. Leadenhall St.

5. Full Name of Mother jane Frank.

6. Mother's Maiden Name jane Morgan.

7. Mother's Birthplace Baltimore.

8. Full Name of Father john Frank.

9. Father's Occupation Cigar Maker.

10. Father's Birthplace Baltimore County.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin.

Address West St. No. 128.

Remarks

1050

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb 16th 1875
4. *Place of Birth* (Street and Number) 89 St. Paul St
5. *Full Name of Mother* Mary Byrne
6. *Mother's Maiden Name* " Welch
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Joseph Byrne
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Power MD

Address 144 Hanover St

Remarks

RETURN OF A BIRTH.

1061

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty of Fifty Dollars in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (5th) fifth

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth February 16th 9. P. M.

4. Place of Birth (Street and Number) No. 119 Low st.

5. Full Name of Mother Katie Theresa Hahn

6. Mother's Maiden Name " " Kenny

7. Mother's Birthplace Ireland

8. Full Name of Father John Hahn

9. Father's Occupation Cigar Manufacturer

10. Father's Birthplace Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D

Address 27 N. Broadway

Remarks The above was one of four healthy, full size and well developed female children delivered at one confinement

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (6th) sixth

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth February 16th 9 P. M.

4. Place of Birth (Street and Number) No 119. Low st.

5. Full Name of Mother Katie Theresa Hahn

6. Mother's Maiden Name " " Kenny

7. Mother's Birthplace Ireland

8. Full Name of Father John Hahn

9. Father's Occupation Cigar Manufacturer

10. Father's Birthplace Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch. M. D

Address 27 North Broadway

Remarks The above was one of four healthy, full size and well developed female children, delivered at one confinement

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

1053

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (7th) seventh

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 16th 9. P. M.
4. *Place of Birth (Street and Number)* No. 119 Low st
5. *Full Name of Mother* Katie Theresa Hahn
6. *Mother's Maiden Name* " " Kenny
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Hahn
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace* Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D

Address 27. N. Broadway

Remarks The above was one of four healthy, full size and well developed female children delivered at one confinement

1054

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (8th) eighth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth February 16th 9. P. M.
4. Place of Birth (Street and Number) No. 119. Low st.
5. Full Name of Mother Katie Theresa Hahn
6. Mother's Maiden Name " " Kenny
7. Mother's Birthplace Ireland
8. Full Name of Father John Hahn
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D.

Address 27. N. Broadway

Remarks The above was one of four healthy, full size and well developed female children, delivered at one confinement

Peer Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.) First.

1. *Sex (state whether Male or ~~Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16. February 1875
4. *Place of Birth (Street and Number)* 34 Bond St.
5. *Full Name of Mother* Mary J. Jones
6. *Mother's Maiden Name* Mary J. Hamilton
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Laurence E. Jones
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* St. Michaels, Talbot County

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 217 S. Broadway

Remarks

RETURN OF A BIRTH.

1056

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if so or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st Feb 1875
4. Place of Birth (Street and Number)	23 S. Gay St.
5. Full Name of Mother	Sarah Greenbaum
6. Mother's Maiden Name	Sarah Rosenfield
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Moses Greenbaum
9. Father's Occupation	Cutter.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. J. Matson, M.D.
Address	
Remarks	

1057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulattress
3. Date of Birth Tuesday Night 11 Oct. Febry 16th 1875
4. Place of Birth (Street and Number) 1 Iceland St W. of Fremont St
5. Full Name of Mother Hesta Ann Tarlad
6. Mother's Maiden Name Tower
7. Mother's Birthplace Balto Md
8. Full Name of Father Henry Tarlad
9. Father's Occupation Porter
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Lewis M Eastman

Address 349 Lexington St

Remarks Tedious but otherwise natural Labor — Over 10 yrs. since 1st Child was born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1058

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th February
4. Place of Birth (Street and Number)	No 34 N. Amity st.
5. Full Name of Mother	Emma Hamitsch
6. Mother's Maiden Name	Emma Lauber
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Adam Hamitsch
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Alsfeld in Hesse-Darmstadt Germany.
Name of Medical Attendant, or other Person who makes this Return.	Hen. Dunker.
Address	No 66 Shorter St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1059

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

(state whether Male or Female) male

or Color (if not of the white race) Colored

of Birth 16th February

of Birth (Street and Number) Millman st- near ann

Name of Mother Sophia Howard

er's Maiden Name Sophia Thompson

er's Birthplace Delany's Valley Baltimore County

Name of Father Nicholas Howard

er's Occupation Laborer

er's Birthplace Texas Baltimore County

of Medical Attendant, or other Person who makes this Return. Elizabeth Ford- Midwife

ress Millman st-

arks

RETURN OF A BIRTH.

1060

HEALTH DEPARTMENT FEB 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) First.

State whether Male or Female) Female.

or Color (if not of the white race) White.

of Birth 16th February, 1875.

of Birth (Street and Number) 558½ Saratoga St.

Name of Mother Isabelle Brundige.

r's Maiden Name Isabelle Connor.

r's Birthplace Philadelphia, Pa.

Name of Father Maston Brundige

r's Occupation Sugar Refiner.

r's Birthplace Baltimore.

of Medical Attendant, or other Person who makes this Return. J. W. Littell.

ess 241 Franklin St.

rks

1061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 3rd
1. Sex (state whether Male or Female)	Male healthe Child
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feb. 16th 1875
4. Place of Birth (Street and Number)	Garison Lane Balto. County
5. Full Name of Mother	Maggie Schultheiss
6. Mother's Maiden Name	Maggie Hoffman
7. Mother's Birthplace	City of Baltimore
8. Full Name of Father	John Schultheiss
9. Father's Occupation	Bar Keepreiter
10. Father's Birthplace	Rocschenberg Germania
Name of Medical Attendant, or other Person who makes this Return.	Lizzie Hillar
Address	No 57 Smallwood Street Balto.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

1062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 16th.
4. Place of Birth (Street and Number) No 18 Bartlett Street
5. Full Name of Mother Elizabeth Sewell
6. Mother's Maiden Name Henen.
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Daniel Sewell.
9. Father's Occupation Blacksmith.
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Lionel T. Elderdice, M.D.

Address No. 15 McHenry Street.

Remarks Labor, natural; child in good physical condition, & living.

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 17th Feby 1875
4. Place of Birth (Street and Number) 84 Stirling st
5. Full Name of Mother Minnie Madson Prichard
6. Mother's Maiden Name ~~Annie E. Stifler~~ Minnie Matson
7. Mother's Birthplace Shrewsbury York Co Pa
8. Full Name of Father Geo. W. Pritchard
9. Father's Occupation Brick Layer
10. Father's Birthplace Annae Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. E. Geo. Walls M D

Address 181 E. Monument st Baltimore City

Remarks The child presents a very healthy appearance.

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1064

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 19 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th of February 1875
4. Place of Birth (Street and Number)	No. 12 S. Frederick Street,
5. Full Name of Mother	Karoline Gürth
6. Mother's Maiden Name	Karoline Struth
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Gürth
9. Father's Occupation	Tavern
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Barbara Reifs Midwife
Address	40 E Fayette St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Not Record of Vital Statistics in the City of Baltimore.

1065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	Negro -
3. Date of Birth	February 17, 75
4. Place of Birth (Street and Number)	Stockton Al. 4th H. N. of Edmondson av.
5. Full Name of Mother	Queen Victoria Johnson
6. Mother's Maiden Name	Queen V. Martin
7. Mother's Birthplace	Bedford, Va -
8. Full Name of Father	John T. Johnson
9. Father's Occupation	Laborer -
10. Father's Birthplace	Appomatox Co. Va -
Name of Medical Attendant, or other Person who makes this Return.	John T. King
Address	Edmondson Av -
Remarks	West of Republican St -

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1066

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child (4)

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 17th.
4. *Place of Birth (Street and Number)* Medeira St 172
5. *Full Name of Mother* Barbara A. ~~Bankard~~ Weatherstein
6. *Mother's Maiden Name* Barbara A. Bankard
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Weatherstein
9. *Father's Occupation* Ship Joiner
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address 31 Luzerne St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Feet Record of Vital Statistics in the City of Baltimore.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1067

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth febr. 17. 1875.
4. Place of Birth (Street and Number) 498 E. fayette str
5. Full Name of Mother Minna Trowe
6. Mother's Maiden Name Minna Gurth
7. Mother's Birthplace Hanover
8. Full Name of Father Carl H. Trowe
9. Father's Occupation Lidograf.
10. Father's Birthplace Bremen

Name of Medical Attendant, or other Person who makes this Return. Dr. Panetti

Address

Remarks

RETURN OF A BIRTH.

1068

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth & Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 17th
4. Place of Birth (Street and Number)	Washington Road No 46
5. Full Name of Mother	Augusta Eberhardt
6. Mother's Maiden Name	Shaffner
7. Mother's Birthplace	Prussia
8. Full Name of Father	Charles Eberhardt
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Knox
Address	328 S. Gilmor St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

1069

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No, Six
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 17th
4. Place of Birth (Street and Number)	Penn. Ave. No 327
5. Full Name of Mother	Mrs. Josephine Harris
6. Mother's Maiden Name	Josephine Wood
7. Mother's Birthplace	Harford Co. Maryland
8. Full Name of Father	Theodore F. Harris
9. Father's Occupation	City letter carrier
10. Father's Birthplace	Ocean
Name of Medical Attendant, or other Person who makes this Return.	M. J. Leaman
Address	West. McHenry St. No 380
Remarks	Very unhealthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second

1. Sex (state whether ~~Male~~ or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 17 February 1875

4. Place of Birth (Street and Number) 216 Alice Ann St.

5. Full Name of Mother Henrietta Rosenthal

6. Mother's Maiden Name Henrietta Wetzler

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father Elias Rosenthal

9. Father's Occupation Furniture business

10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks Israelites

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1071

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 17 February 1875.
4. *Place of Birth* (Street and Number) 222 Gough St.
5. *Full Name of Mother* Amelia Brown.
6. *Mother's Maiden Name* Amelia Pew.
7. *Mother's Birthplace* London England.
8. *Full Name of Father* Peter Brown.
9. *Father's Occupation* Rigger
10. *Father's Birthplace* Holland.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S Broadway.

Remarks

1072

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sec

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 17th 1875
4. Place of Birth (Street and Number) N.E. Corner of Gay + Caroline
5. Full Name of Mother Fanny A Roberts
6. Mother's Maiden Name " " Kline
7. Mother's Birthplace Balto County
8. Full Name of Father William W. Roberts
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address 305 N Caroline St

Remarks Face presentation

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1073

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* February 17th 1875
4. *Place of Birth* (Street and Number) No. 65 S. Gay St.
5. *Full Name of Mother* Mary Ann Kyser
6. *Mother's Maiden Name* " Dunning
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Wm Kyser
9. *Father's Occupation* Printer
10. *Father's Birthplace* Frederick Md

Name of Medical Attendant, or other Person who makes this Return. W. H. White, M.D.

Address No 360 S. Broadway

Remarks Condition of Child & mother good.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1074

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr. 17th
4. Place of Birth (Street and Number)	No 6 Fred. St.
5. Full Name of Mother	Margaretha Fentner
6. Mother's Maiden Name	Margaretha Schmely
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	John M. Fentner
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Anna Zumbo
Address	No 61 Third St
Remarks	

RETURN OF A BIRTH.

1075

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) First.

(state whether Male or Female) Female.

or Color (if not of the white race) White.

of Birth 17th Feb: 1875.

of Birth (Street and Number) No. 318 Franklin St.

Name of Mother Mary E. Bucklay

er's Maiden Name Mary E. McKildon.

er's Birthplace Baltimore

Name of Father David L. Bucklay

er's Occupation Conductor.

er's Birthplace Baltimore.

e of Medical Attendant, or other Person who makes this Return. F. H. Little.

ress No. 241 Franklin St.

arks Baltimore, Md.

1076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 17th February.
4. *Place of Birth* (Street and Number) 371 Central Av.
5. *Full Name of Mother* Mary Virginia Livingstone
6. *Mother's Maiden Name* Gardner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm Edwin Livingstone
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. M. Grayson

Address 18 Eighth St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) Colored
3. Date of Birth 17th February.
4. Place of Birth (Street and Number) 47. Larsen's Alley
5. Full Name of Mother Laura Hill
6. Mother's Maiden Name Laura Wright
7. Mother's Birthplace Talbert Co Maryland
8. Full Name of Father John Hill
9. Father's Occupation Coachman
10. Father's Birthplace Baltimore Co Maryland

Name of Medical Attendant, or other Person who makes this Return. Frank W. Gennor

Address 57. N Paca street

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 17th 1875
4. Place of Birth (Street and Number) S. Washington St
5. Full Name of Mother Mary Link
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father George
9. Father's Occupation Laborer
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M.D.

Address 234 W. Biddle St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1079

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febuary 17th 1875
4. *Place of Birth (Street and Number)* No 7 east Biddle Street
5. *Full Name of Mother* L. A. Lowe Preston
6. *Mother's Maiden Name* L. A. Lowe Runkel
7. *Mother's Birthplace* York County Pa.
8. *Full Name of Father* Frank P. Preston
9. *Father's Occupation*
10. *Father's Birthplace* Harford County Md.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address No 209 Monument St. Cor. of Central Ave.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

RETURN OF A BIRTH.

7 1080

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Sixth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 17th 5 A.M. 1875
4. Place of Birth (Street and Number) 104 N. Broadway
5. Full Name of Mother Georgeanna Elizabeth Wyatt
6. Mother's Maiden Name Georgeanna Elizabeth Shields
7. Mother's Birthplace Washington D. C.
8. Full Name of Father John Edward Wyatt
9. Father's Occupation Marineer
10. Father's Birthplace Sommersett Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr James E. Divinelle

Address 299 E. Baltimore St

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

49

1081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 te

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth February 17 1875

4. Place of Birth (Street and Number) 351 Oliangs str

5. Full Name of Mother Amalie Klarlein

6. Mother's Maiden Name Amalie Wach

7. Mother's Birthplace Koenigsberg Hessen Darmstadt

8. Full Name of Father Gustav Klarlein

9. Father's Occupation Cigarren maker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Johanna Wis Raupach

Address [illegible]

Remarks Midwife

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 18 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	18th February 1875
4. Place of Birth (Street and Number)	272 Ramsay St.
5. Full Name of Mother	Lydia Catharine Wolf
6. Mother's Maiden Name	Franklin
7. Mother's Birthplace	Carroll Co. Md
8. Full Name of Father	William Albert Wolf
9. Father's Occupation	Laborer
10. Father's Birthplace	Frederick Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	J. Whitwood M.D.
Address	234 Hollins St.
Remarks	Physical Condition, good.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

1083

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	2d
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th February 1875
4. Place of Birth (Street and Number)	120 E Lombard St.
5. Full Name of Mother	Elisabeth Ebeling
6. Mother's Maiden Name	Elisabeth Klausmeier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Ebeling
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reips
Address	No. 40 E Fayette Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

1084

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 18th februar 875
4. Place of Birth (Street and Number) 176 Central ave.
5. Full Name of Mother Kath. Rotsh.
6. Mother's Maiden Name " Kaele
7. Mother's Birthplace Irland
8. Full Name of Father Denis Rotsh
9. Father's Occupation Laborer
10. Father's Birthplace Irland

Name of Medical Attendant, or other Person who makes this Return. Sarah. Casper

Address 52 E. Lomb. St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

8 1085

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 18th 12 P.M. midnight 1875
4. Place of Birth (Street and Number) 282 Bank St
5. Full Name of Mother Margaret Anderson
6. Mother's Maiden Name Margaret McLaughlin
7. Mother's Birthplace Mayo Co. Ireland
8. Full Name of Father Richard Anderson
9. Father's Occupation Ship Smith
10. Father's Birthplace Shakespear St Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr James E. Dwinelle

Address 299 E. Baltimore St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of the said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Black
3. Date of Birth Feby. 18-75
4. Place of Birth (Street and Number) No 162 Tyson St.
5. Full Name of Mother Laura Tyler
6. Mother's Maiden Name (Not married)
7. Mother's Birthplace Ellicott City.
8. Full Name of Father Chas. Marden.
9. Father's Occupation Barber.
10. Father's Birthplace Unknown.

Name of Medical Attendant, or other Person who makes this Return. W.E. Moseley M.D.

Address 169 W. Biddle St.

Remarks Gave but two or three gasps after birth & I did not succeed in making it live. Tedious labor.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 18th 1875
4. Place of Birth (Street and Number) 41. N. Amity
5. Full Name of Mother Kate Quincy Sheran
6. Mother's Maiden Name Kate Quincy
7. Mother's Birthplace England
8. Full Name of Father Mathew Sheran
9. Father's Occupation Store Keeper
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Edwd. F. Michelland M.D.

Address 279. W. Lombard

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1088

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 M

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* February 18th
4. *Place of Birth* (Street and Number) 389 Eastern Av
5. *Full Name of Mother* Charlotte Osborn
6. *Mother's Maiden Name* Charlotte Wilson
7. *Mother's Birthplace* Sweden
8. *Full Name of Father* Henry Osborn
9. *Father's Occupation* Turner
10. *Father's Birthplace* Hannover

Name of Medical Attendant, or other Person who makes this Return. Virginia Heilage

Address No 289 S. Ford H

Remarks

1089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth February 18th
4. Place of Birth (Street and Number) No 24 Albarmale St
5. Full Name of Mother Wilhelmine ~~Kalthoff~~ Redemann
6. Mother's Maiden Name Wilhelmine Kalthoff
7. Mother's Birthplace Lichtenburg
8. Full Name of Father Herman Redemann
9. Father's Occupation Cigar Maker
10. Father's Birthplace Hannover

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Pond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1090

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 18 74
4. Place of Birth (Street and Number)	No 3 Essig Pl
5. Full Name of Mother	Henriette Kalthof
6. Mother's Maiden Name	Henriette Bona
7. Mother's Birthplace	Prussia
8. Full Name of Father	Frederick Kalthof
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Physician Midwife
Address	No 289 S Bond 17
Remarks	

That Return of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* W. Lite
3. *Date of Birth* 18th Feb: '75
4. *Place of Birth (Street and Number)* 112 Hollins St.
5. *Full Name of Mother* Maggie Maguire
6. *Mother's Maiden Name* Maggie McQuirk
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph H. Maguire
9. *Father's Occupation* Clerk
10. *Father's Birthplace* 784 W. Baltimore St.

Name of Medical Attendant, or other Person who makes this Return. A. H. Littell

Address 231 Franklin

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1092

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth February 18
4. Place of Birth (Street and Number) Baltimore Pratt Street 508
5. Full Name of Mother Annie Aro
6. Mother's Maiden Name Annie Dorsey
7. Mother's Birthplace Borne Summerset County Md
8. Full Name of Father John B Aro
9. Father's Occupation Sloon Keper
10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Katharina Turbay

Address West Lewett St. 439

Remarks

1093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 5 d Child
1. Sex (state whether Male or Female)	a ~~Daughter~~ Son
2. Race or Color (if not of the white race)	White.
3. Date of Birth	18th of Feb. 1875.
4. Place of Birth (Street and Number)	No 15 Bavay st.
5. Full Name of Mother	Mary Wehrheim.
6. Mother's Maiden Name	Hupp.
7. Mother's Birthplace	America.
8. Full Name of Father	Philipp Wehrheim.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	Julia Lohwasser midwife
Address	213 Cross st.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1094

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth (9)
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 18th
4. Place of Birth (Street and Number)	#2 Burk St.
5. Full Name of Mother	Mary Herbert
6. Mother's Maiden Name	Mary Cooksey
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Herbert
9. Father's Occupation	Laborer
10. Father's Birthplace	Va. Mary County Md.
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	31 Luzerne St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

1095

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 18th 1875
4. *Place of Birth (Street and Number)*	65 South Paca St
5. *Full Name of Mother*	Sarah E Kilgour
6. *Mother's Maiden Name*	Brohaum
7. *Mother's Birthplace*	Dorchester Co Md
8. *Full Name of Father*	John Kilgour
9. *Father's Occupation*	Moulder
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this Return.	J A Kinney
Address	76 S Paca St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1096

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth February 18 1875

4. Place of Birth (Street and Number) Gibbons Hotel Cr Howard & Saratoga

5. Full Name of Mother Fannie Teresa Gibbons

6. Mother's Maiden Name Fanne Teresa Logsdon

7. Mother's Birthplace Balto Co Md

8. Full Name of Father Stephen M Gibbons

9. Father's Occupation Hotel Keeper

10. Father's Birthplace Westport Ireland

Name of Medical Attendant, or other Person who makes this Return. D.J. E. Clayton MD

Address 18 S. Eutaw St

Remarks

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 24 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 18th 75
4. Place of Birth (Street and Number)	156 Pine st
5. Full Name of Mother	Mary E Davis
6. Mother's Maiden Name	" " Brown
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm James Davis
9. Father's Occupation	Milkman
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John L Pennington
Address	210 Franklin st
Remarks	City

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1098

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether Male or Female)	female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 February
4. Place of Birth (Street and Number)	No. 340 Hanover St.
5. Full Name of Mother	Mary Bolden.
6. Mother's Maiden Name	Mary Penner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Bolden
9. Father's Occupation	Laber.
10. Father's Birthplace	pensylvanny.
Name of Medical Attendant, or other Person who makes this Return.	Wm. Martin
Address	West St. No. 120
Remarks	

1099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Thursday 18th 1875 ~~Boyd st. No. 60~~
4. Place of Birth (Street and Number) Boyd st. No. 60
5. Full Name of Mother Catherine Buttler
6. Mother's Maiden Name Catherine Cown
7. Mother's Birthplace Ireland
8. Full Name of Father John Buttler
9. Father's Occupation Laighbor of Balto C. R. R.
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell

Address No. 58 Perkins st. 1875

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1100

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 18th 1875
4. Place of Birth (Street and Number) No. 507 Saratoga St.
5. Full Name of Mother Laura Francis Brown
6. Mother's Maiden Name Laura.
7. Mother's Birthplace Hairford, Carroll Co.
8. Full Name of Father Jessie H Brown
9. Father's Occupation Blacksmith
10. Father's Birthplace Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Frambe

Remarks c/o C. Shorter

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1101

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 26 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	18th of February. 1876.
4. Place of Birth (Street and Number)	No 50. Ridgley str.
5. Full Name of Mother	Johanna Bjeritz
6. Mother's Maiden Name	Johanna Reidenmeier.
7. Mother's Birthplace	Hanover, Gumany
8. Full Name of Father	Christian Bieritz
9. Father's Occupation	Labour.
10. Father's Birthplace	Hanover, Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs. Mary Ann Wagner, No 174. Burgundy st
Remarks:	None.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1162

HEALTH DEPARTMENT FEB 29 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth 18 February
4. Place of Birth (Street and Number) 52 Cambridge Street
5. Full Name of Mother Mrs Dunn
6. Mother's Maiden Name Margrett Mulligan
7. Mother's Birthplace County Mayo Ireland
8. Full Name of Father Rody Dunn
9. Father's Occupation Butler
10. Father's Birthplace Kings County Ireland

Name of Medical Attendant, or other Person who makes this Return. Laura Wiley

Address No 12 Paterson Park avenue.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18th February
4. Place of Birth (Street and Number) 11 Emmet St.
5. Full Name of Mother Cathrina E. Reinig
6. Mother's Maiden Name Duffin
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Reinig
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Margrosa Rudiger

Address 134 Ct. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 18th 1875
4. Place of Birth (Street and Number) 260 Hollins St
5. Full Name of Mother Margaret Lowry
6. Mother's Maiden Name " Sewell
7. Mother's Birthplace Balto
8. Full Name of Father Wm P. Lowry
9. Father's Occupation Clerk Balto City Court
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Benson MD

Address 144 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 19th 1875
4. Place of Birth (Street and Number)	Baltimore MD Cooksie No 102
5. Full Name of Mother	Charlotte R Nagle
6. Mother's Maiden Name	" " Elsman
7. Mother's Birthplace	Harford County MD
8. Full Name of Father	Emanuel Nagle
9. Father's Occupation	Carpenter
10. Father's Birthplace	Lebanon County Pa
Name of Medical Attendant, or other Person who makes this Return.	Margaret E Fell
Address	No 13 Cuba Street Baltimore MD
Remarks	Healthy Child

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1106

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fist Child.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Colerd.
3. Date of Birth 19. of Ferb.
4. Place of Birth (Street and Number) Baltimore East St No 28.
5. Full Name of Mother Verginar Boon.
6. Mother's Maiden Name Verginar Segwick.
7. Mother's Birthplace Baltimore West end.
8. Full Name of Father Richerd Boon.
9. Father's Occupation Orsther Chucher.
10. Father's Birthplace West Biren

Name of Medical Attendant, or other Person who makes this Return. Sophiar Thines

Address No 135 Chesnot St

Remarks

RETURN OF A BIRTH.

1107

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	1st
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th of February 1875
4. Place of Birth (Street and Number)	413 Central av,
5. Full Name of Mother	Katherina Strubens
6. Mother's Maiden Name	Katherine Schauer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Strubens
9. Father's Occupation	Grocery Store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reis
Address	No 40 E Fayette Street
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 22 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex* (state whether Male or Female) [illegible]
2. *Race or Color* (if not of the white race) [illegible]
3. *Date of Birth* [illegible]
4. *Place of Birth* (Street and Number) [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Thire

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 February
4. *Place of Birth (Street and Number)* 35 Constitution st
5. *Full Name of Mother* Mary E. Ann Mitchell
6. *Mother's Maiden Name* " Hubbard
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jos Columbus Mitchell
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Francis Ann Mitchell

Address 28 Constitution st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

1110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	19 th february 875
4. Place of Birth (Street and Number)	114. Hartford road.
5. Full Name of Mother	Kath. Doningen
6. Mother's Maiden Name	Hale
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thom. Doningen
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah. Caspen
Address	52 E. Lombd St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

real Record of Vital Statistics in the City of Baltimore.

1111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 20 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* female

2. *Race or ~~Color~~ (if not of the white race)*

3. *Date of Birth* 19th February 875.

4. *Place of Birth (Street and Number)* 219. Eastern ave.

5. *Full Name of Mother* Marie Cordery

6. *Mother's Maiden Name* " Gittinger

7. *Mother's Birthplace* U. States.

8. *Full Name of Father* T. L. Cordery

9. *Father's Occupation* tanmaster

10. *Father's Birthplace* U. States.

Name of Medical Attendant, or other Person who makes this Return. Sarah. Jaspers.

Address 52 E. Lombr. St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 19 1875
4. Place of Birth (Street and Number) Baltimore vincent st No 24
5. Full Name of Mother Amelia Cannon
6. Mother's Maiden Name Amelia Stanford
7. Mother's Birthplace Baltimore City
8. Full Name of Father Patrick Cannon
9. Father's Occupation Labourer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Catharina Seebach

Address West Lexington St. 439.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* February 19th 1875
4. *Place of Birth (Street and Number)* 120 Hughes
5. *Full Name of Mother* Ellen M. Courtney
6. *Mother's Maiden Name* " Moran
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Courtney
9. *Father's Occupation* Pilot
10. *Father's Birthplace* Ball.

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th February 1875.
4. *Place of Birth (Street and Number)* 21 Hanover St
5. *Full Name of Mother* Fredrica Shephard
6. *Mother's Maiden Name* Di Smith
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* John Shephard
9. *Father's Occupation* Rigger
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Louisa Smith

Address 21 Hanover St

Remarks Child in fourth ward

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 19th Feb

4. *Place of Birth* (Street and Number) 506 Fayette St West

5. *Full Name of Mother* Mary E. Jones

6. *Mother's Maiden Name* Gambrill

7. *Mother's Birthplace* Howard Co

8. *Full Name of Father* J. Thos. Jones

9. *Father's Occupation* Lawyer

10. *Father's Birthplace* Anne Arundel Co

Name of Medical Attendant, or other Person who makes this Return. H R Noel

Address 10 N Carey

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feb 19th 1875
4. Place of Birth (Street and Number) 473 W. Lombard,
5. Full Name of Mother Ann Rebecca Fowler.
6. Mother's Maiden Name " " Ritter
7. Mother's Birthplace Maryland
8. Full Name of Father Monroe Fowler.
9. Father's Occupation R. R. Engineer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller M.D.

Address 89 N. Greene St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th Child.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) —
3. Date of Birth February 19th 1875.
4. Place of Birth (Street and Number) 220 Hamburg St.
5. Full Name of Mother Caroline Hearthfelder.
6. Mother's Maiden Name Caroline Steider.
7. Mother's Birthplace Germany.
8. Full Name of Father Fr. Hearthfelder.
9. Father's Occupation Shoemaker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address 158 S. Sharp St.

Remarks Child living, and well formed.

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) ~~White~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19th Feb 1875
4. Place of Birth (Street and Number) 117 Parkin St
5. Full Name of Mother Juliet Weaver
6. Mother's Maiden Name " Lanehardt
7. Mother's Birthplace Balto
8. Full Name of Father Ed. C. Weaver
9. Father's Occupation Painter
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Geo H. Benson MD

Address 144 Hanover St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb 22nd 1875

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 19th 1875
4. Place of Birth (Street and Number) No 200 S. Durham St.
5. Full Name of Mother Katharina Sprenger
6. Mother's Maiden Name Katharina Schreiber
7. Mother's Birthplace Germania
8. Full Name of Father Valentine Sprenger
9. Father's Occupation Laborer
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolf St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 4

1. *Sex (state whether Male or Female)* Mail
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th Feb. 1875.
4. *Place of Birth (Street and Number)* 142 N. Caroline St.
5. *Full Name of Mother* Margret Tillett.
6. *Mother's Maiden Name* Margret Walter.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Fairmant Tillett.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Miss Walter.

Address 145 North. Caroline St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d. Child.
1. Sex (state whether Male or Female)	a Daughter.
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th of Feb 1875
4. Place of Birth (Street and Number)	1½ 66 Clifford st.
5. Full Name of Mother	Mary Bothe
6. Mother's Maiden Name	Dettmer
7. Mother's Birthplace	Germana
8. Full Name of Father	Louis Bothe.
9. Father's Occupation	Cigar maker.
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	Julia Lohrasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1122

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male healthe Child
2. Race or Color (if not of the white race) white
3. Date of Birth 19th of Feb. 1875
4. Place of Birth (Street and Number) Frederick St. Balto City
5. Full Name of Mother Marrie Yager
6. Mother's Maiden Name M. Aberly
7. Mother's Birthplace Kundigen Bayern Germanie
8. Full Name of Father John P. Yager
9. Father's Occupation Carpenter
10. Father's Birthplace Hammelburg Germanie

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood Street Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1123

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 19th, 1875
4. *Place of Birth (Street and Number)* 270 E. Pratt St.
5. *Full Name of Mother* Amelia Jane Reddick
6. *Mother's Maiden Name* Amelia Jane Galloway
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Armand Lamont Reddick
9. *Father's Occupation* Ship Joiner
10. *Father's Birthplace* Doctor Co Md

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No 5 Franklin St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1124

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male or Female)* Female healthe Child
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 19th Feb 1875
4. *Place of Birth (Street and Number)* Steel Avenue Balto. County
5. *Full Name of Mother* Kate Burggraph
6. *Mother's Maiden Name* Kate Sutter
7. *Mother's Birthplace* Neuhemweiler Germania
8. *Full Name of Father* Michel Burggraph
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ziberg Germanie

Name of Medical Attendant, or other Person who makes this Return. Lizzie Miller

Address No 57 Smallwood Street Balto.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1125

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 19

4. Place of Birth (Street and Number) No 596 Lexington St

5. Full Name of Mother Elisabeth Sunkermeyer

6. Mother's Maiden Name Elisabeth Schwartze

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Jos. Sunkermeyer

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler

Remarks No 61 Shorter

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1126

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febuary the 19th 1875.
4. *Place of Birth (Street and Number)* No 330 Monument Street
5. *Full Name of Mother* Mary Bode.
6. *Mother's Maiden Name* Mary Breker.
7. *Mother's Birthplace* Wiestellen Westphelia Germany.
8. *Full Name of Father* Joe. Bode.
9. *Father's Occupation* Tanner.
10. *Father's Birthplace* Warburg Westphelia Germany.

Name of Medical Attendant, or other Person who makes this Return. No. A. Bull

Address No 209 Monument Street Cor. of Central Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1127

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 1st 2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White Child
3. Date of Birth	19 February
4. Place of Birth (Street and Number)	25 Essex st. Baltimore Md.
5. Full Name of Mother	Elizabeth Glaser.
6. Mother's Maiden Name	Elizabeth Herrmann.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Charles Glaser.
9. Father's Occupation	Oystermann
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Laura Wiley
Address	No 12 Paterson Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1128

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 &

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Wite
3. Date of Birth 19 February
4. Place of Birth (Street and Number) 464 Cantonavue
5. Full Name of Mother Anne Brine ~~Anne Meeter~~
6. Mother's Maiden Name Anne Meeter
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Brian
9. Father's Occupation Labor
10. Father's Birthplace Germine

Name of Medical Attendant, or other Person who makes this Return. Lousa Wiley Dr Evens

Address No 12 Paterson Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 19"

4. Place of Birth (Street and Number) No 27 E. Eager St.

5. Full Name of Mother Mary Ryan

6. Mother's Maiden Name " Burns

7. Mother's Birthplace Cumberland Md "

8. Full Name of Father James Ryan

9. Father's Occupation Rectifier of Spirits

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return Dr Chas R. McCormick

Address No 134 N. Exeter St

Remarks

---

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th February
4. Place of Birth (Street and Number)	Cor Aisquith & Eutaw
5. Full Name of Mother	Anna Orth
6. Mother's Maiden Name	Eifert
7. Mother's Birthplace	Germany
8. Full Name of Father	John Orth
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Maryresa Rudiger
Address	124 N. Bond St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1131

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Friday 19th Feb
4. Place of Birth (Street and Number)	48 Chew St
5. Full Name of Mother	Mary Hannah ~~Piercy~~ Hesse
6. Mother's Maiden Name	Mary Hannah Piercy
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Geo W Hesse
9. Father's Occupation	Lin & Shut Iron Worker
10. Father's Birthplace	Balto Maryland
Name of Medical Attendant, or other Person who makes this Return.	Nicola T Chrisme
Address	No 129 E Monument St
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1132

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 ed

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 19th
4. Place of Birth (Street and Number) Walker St No 47
5. Full Name of Mother Mary Loos
6. Mother's Maiden Name Mary Rammel
7. Mother's Birthplace Doering Sachsen Germany
8. Full Name of Father Henry J. Loos
9. Father's Occupation Carpenter
10. Father's Birthplace Eisnach Sachsen weimer Germany

Name of Medical Attendant, or other Person who makes this Return. C. A. Buddenbohn M. D.

Address No 106 Columbia Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth February 19th 1875

4. Place of Birth (Street and Number) No 127 Aisquith St

5. Full Name of Mother M. Leila Brown

6. Mother's Maiden Name M Leila Hatch

7. Mother's Birthplace West Chester Chester Co. Pa.

8. Full Name of Father Kirk Brown

9. Father's Occupation Teaching

10. Father's Birthplace Brick Meeting House Cecil Co Md

Name of Medical Attendant, or other Person who makes this Return. Saml E Powell

Address No 29 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 19 th '75
4. *Place of Birth (Street and Number)* 89 N. Greene St.
5. *Full Name of Mother* Mary Margaret Keller
6. *Mother's Maiden Name* " " Yingling
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Josiah Goode Keller
9. *Father's Occupation* Physician
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller M.D.

Address 89 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midWife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 19th 1875
4. Place of Birth (Street and Number)	No 464 Canton ave Cor of Guest st
5. Full Name of Mother	Mrs Anna Bryan
6. Mother's Maiden Name	Anna Mathre
7. Mother's Birthplace	Baltimore City Maryland
8. Full Name of Father	Henry Bryan
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Thomas J Evans M D
Address	No 18 Jackson Square Balt. M d
Remarks	— Natural Labor —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Kinder

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 19 Februar
4. Place of Birth (Street and Number) 331 William St
5. Full Name of Mother Margrete Anna Klingenberg
6. Mother's Maiden Name — — Vorbmann
7. Mother's Birthplace Deutschland Hanofer
8. Full Name of Father August Karl Klingenberg
9. Father's Occupation Tischlehr
10. Father's Birthplace Deutschland Braunschweig

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Streng

Remarks No 32. Liedenhall Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* ~~the Second~~ Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Febuary the 19 1875.
4. *Place of Birth (Street and Number)* [redacted] No 8 Bowen st
5. *Full Name of Mother* Elesbath Jenison
6. *Mother's Maiden Name* Elesbeth White
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Jenison
9. *Father's Occupation* Coach man
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty st.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1138.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether [redacted], *2d,* [redacted]

1. *Sex (state whether Male or Female)* ~~Wei~~ Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 19 Februar
4. *Place of Birth (Street and Number)* 78 Bitzler Stritt
5. *Full Name of Mother* Maria Hättchen
6. *Mother's Maiden Name* Ma Schmitt
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Johann Hättchen
9. *Father's Occupation* Arbeiter
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Stritt

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb 20nd 1875

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 20th 1875.
4. Place of Birth (Street and Number) No 159 Wading Alley
5. Full Name of Mother Katharina Opher
6. Mother's Maiden Name Katharina Meinshein
7. Mother's Birthplace America
8. Full Name of Father Henry Opher
9. Father's Occupation Shoemaker
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S. Wolf St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
(state whether Male or Female)	Female
or Color (if not of the white race)	White
of Birth	February 28th
e of Birth (Street and Number)	No 110 Warner St
Name of Mother	Ella Adams
er's Maiden Name	" Sheldon
er's Birthplace	Baltimore
Name of Father	James Adams
er's Occupation	Bricklayer
er's Birthplace	Balto
e of Medical Attendant, or other Person who makes this Return.	J C Bunch M D
ress	141 Hanover St
arks	

RETURN OF A BIRTH.

1141

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb. 20th 1875
4. Place of Birth (Street and Number)	41 Mulberry St
5. Full Name of Mother	Mary Davis
6. Mother's Maiden Name	Mary Benson
7. Mother's Birthplace	Virginia
8. Full Name of Father	John Davis
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. E. Lindsay M.D.
Address	204 N. Howard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1142

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* February 24th 1878

4. *Place of Birth (Street and Number)* 97 S. Eden Street

5. *Full Name of Mother* Kate Smith

6. *Mother's Maiden Name* Kate Hentage

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Charles E. Smith

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louis Wenzel

Address 56 East Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1143

HEALTH DEPARTMENT
FEB 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 20th 1875
4. Place of Birth (Street and Number)	93 McHenry street
5. Full Name of Mother	Maggie Geagby
6. Mother's Maiden Name	M. Meyer
7. Mother's Birthplace	Bavaria
8. Full Name of Father	John H. Geagby
9. Father's Occupation	butcher
10. Father's Birthplace	Baltimore County Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1144

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	American White
3. Date of Birth	February 20th 1875
4. Place of Birth (Street and Number)	Grant St No 239½ Balt Md
5. Full Name of Mother	Mary Schnerell
6. Mother's Maiden Name	Mary York
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John O. Schnerell
9 Father's Occupation	Cigar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ulbig
Address	No 48 Holland St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1145

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 20 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 February 1875
4. *Place of Birth (Street and Number)* Bloxod no number
5. *Full Name of Mother* Cattrean Bruman
6. *Mother's Maiden Name* Cathern Koch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Bruman
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dino Hellegeist

Address 182 Monument street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1146

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 20th, 1875 9 45 P.M.
4. Place of Birth (Street and Number) 14 Jefferson St.
5. Full Name of Mother Mary Jane Thomas
6. Mother's Maiden Name Mary Jane Johnson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Adam Thomas
9. Father's Occupation Foreman of Oyster Shuckers
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wilkins

Address 69 So. Broadway

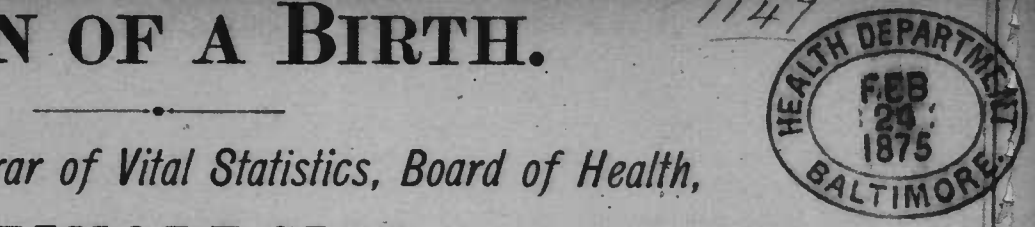
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1147



To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 20th 1875
4. *Place of Birth (Street and Number)* # 119 N Eden St
5. *Full Name of Mother* Frances E Fairman
6. *Mother's Maiden Name* " " Rich
7. *Mother's Birthplace* Monroe Co N.Y.
8. *Full Name of Father* George B. Fairman
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Raensseller Co N.Y.

Name of Medical Attendant, or other Person who makes this Return. A Hartman M D

Address # 305 N. Caroline St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1148

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20 1875
4. Place of Birth (Street and Number)	142 Conway St
5. Full Name of Mother	Mary Alice Hastings
6. Mother's Maiden Name	" " Speer
7. Mother's Birthplace	Cincinnati Ohio
8. Full Name of Father	Henry Hastings
9. Father's Occupation	Telegraph Operator
10. Father's Birthplace	Louisville Ky
Name of Medical Attendant, or other Person who makes this Return.	Jos: E. Cleaveland M.D.
Address	18 S. Eutaw St.
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 29th, 1875
4. *Place of Birth (Street and Number)* No 27 Jackson Street, Baltimore City, Md
5. *Full Name of Mother* Margaret Byrne
6. *Mother's Maiden Name* Margaret Boyle
7. *Mother's Birthplace* Canada
8. *Full Name of Father* Michael Byrne
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Bell Cross, Midwife

Address 45 Jackson st., Baltimore City, Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 20th, 1875
4. *Place of Birth (Street and Number)* Baltimore City No 77 Grundy Street
5. *Full Name of Mother* Catharine E. ~~Stormstead~~ Birckhead
6. *Mother's Maiden Name* Catharine E. Swormstead
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry S. Birckhead
9. *Father's Occupation* Surveyor
10. *Father's Birthplace* Anne Arundel County, Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Bell Cross, Midwife

Address 45 Jackson Street, Baltimore City.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1157

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 20th 1875
4. Place of Birth (Street and Number)	No 128 Duncan Alley
5. Full Name of Mother	Annie E. Saunders
6. Mother's Maiden Name	" " Blank
7. Mother's Birthplace	City
8. Full Name of Father	Fred Saunders
9. Father's Occupation	Seaman
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1152

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 1st

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth February 20th
4. Place of Birth (Street and Number) 39 Chapel South
5. Full Name of Mother Miana ~~Rigenburg~~ Rositer
6. Mother's Maiden Name Miana Angenburg
7. Mother's Birthplace Birth in Wattenhal
8. Full Name of Father Charles Rositer
9. Father's Occupation Laura Laborer
10. Father's Birthplace Birth in Hentzhausen

Name of Medical Attendant, or other Person who makes this Return. Louis Holzinder

Address

Remarks Maria Anna Leder

23 South Durham Street

1153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Coy
2. *Race or Color (if not of the white race)* wit
3. *Date of Birth* February 20
4. *Place of Birth (Street and Number)* Leadenhal No 109
5. *Full Name of Mother* Babette Faber
6. *Mother's Maiden Name* Babette Windel
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Fred Windel
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Strong.

Remarks No 32 Leadenhall Street.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 20d 1875
4. *Place of Birth* (Street and Number) 335 Central Ave
5. *Full Name of Mother* Mary Mentis
6. *Mother's Maiden Name* Mary Efoing
7. *Mother's Birthplace* Cincinati
8. *Full Name of Father* Henry Mentis
9. *Father's Occupation* Cigar Manufactor
10. *Father's Birthplace* Prusia

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 Monument street

Remarks

1153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 20
4. *Place of Birth (Street and Number)* No 87 East Lombard st.
5. *Full Name of Mother* Mary Saidt
6. *Mother's Maiden Name* Mary Falkidrich
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Saidt
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1156

HEALTH DEPARTMENT FEB 27 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7d

1. *Sex* (state whether Male or Female) f male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 20th feb 1875.
4. *Place of Birth* (Street and Number) No 20 S. Bond St.
5. *Full Name of Mother* Barbara Zitzmarch
6. *Mother's Maiden Name* " Sommer
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Zitzmarch
9. *Father's Occupation* Restorant
10. *Father's Birthplace* Austria

Name of Medical Attendant, or other Person who makes this Return. Sarah Lasher

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* February 20th

4. *Place of Birth (Street and Number)* 83 Warner str

5. *Full Name of Mother* Elizabeth

6. *Mother's Maiden Name* " Schroenhart

7. *Mother's Birthplace* Germany

8. *Full Name of Father* John Fred. Koerner

9. *Father's Occupation* Baker

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. D. Littorawitz M.D

Address 137 W. Fayette str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
25
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Zwei 3te

1. Sex (state whether Male or Female) Knabe

2. Race or Color (if not of the white race) expez 3

3. Date of Birth 20. Februar 1875.

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace [illegible]

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

1159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb 22nd 1875

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb 20th 1875
4. *Place of Birth* (Street and Number) No 211 Eastern
5. *Full Name of Mother* Katharina Singer
6. *Mother's Maiden Name* Katharine Cuhl
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Singer
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mr. M. Arnold

Address No 107 S. Wolf St.

Remarks

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 21st 1875
4. Place of Birth (Street and Number) No 350 N. Broadway Baltimore Md.
5. Full Name of Mother Elizabeth Grace White
6. Mother's Maiden Name Elizabeth Grace Evens
7. Mother's Birthplace Monmouthshire Wales
8. Full Name of Father Walter Walton White
9. Father's Occupation Physician
10. Father's Birthplace Oxford England

Name of Medical Attendant, or other Person who makes this Return Pembroke W. Womble M.D.

Address No 203 West Lombard St. Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 22 1875 BALTIMORE.

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Feb'y 21st 9 30 A.M.
4. Place of Birth (Street and Number) 21 South Caroline Street
5. Full Name of Mother Katie Edwards
6. Mother's Maiden Name Goldsborough
7. Mother's Birthplace Baltimore
8. Full Name of Father David Edwards
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Tregv Shertzer M.D.

Address 117 East Baltimore St.

Remarks Mothers age 15 years, Child very large - Labor easy & dry - lasting eight hours.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 22
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 21st 75
4. *Place of Birth (Street and Number)* No 243 N. Gay St
5. *Full Name of Mother* Martha E. Cardwell
6. *Mother's Maiden Name* Martha E. Worsell
7. *Mother's Birthplace* Frederick Md
8. *Full Name of Father* Jackson Cardwell
9. *Father's Occupation* Bonnet Frame Manufacturer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return Chas A. McCormick

Address No 134 N. Exeter "

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Primipera.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	12 M. Febry. 21 - 1875.
4. Place of Birth (Street and Number)	58 Gough St.
5. Full Name of Mother	Salina Hamilton
6. Mother's Maiden Name	Salina Caire
7. Mother's Birthplace	Island of Guernsey.
8. Full Name of Father	Joseph Hamilton
9. Father's Occupation	Clerk.
10. Father's Birthplace	Washington. D. C.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell. M.D.
Address	72 E. Pratt St.
Remarks	Duration of Labor 12 hours.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1164

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21. Febuary
4. *Place of Birth (Street and Number)* Forth av. No. 83.
5. *Full Name of Mother* Mary Voll.
6. *Mother's Maiden Name* Mary Ohrr
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johr Voll.
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Martin

Address West. St. No. 126.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1163

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st February
4. Place of Birth (Street and Number)	No 175 Lemmon St
5. Full Name of Mother	Martha Elizabeth Fisher
6. Mother's Maiden Name	Bertha Elizabeth Lane
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David Fisher Jr
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Daniels
Address	60 Shroder St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 21st
4. Place of Birth (Street and Number)	42 Germain St
5. Full Name of Mother	Edmonia Custis Reed
6. Mother's Maiden Name	" C Alderson
7. Mother's Birthplace	Richmond Co Va
8. Full Name of Father	Alexander J. Reed
9. Father's Occupation	Salesman
10. Father's Birthplace	Westmoreland Co Va
Name of Medical Attendant, or other Person who makes this Return.	H. R. Zoll
Address	10 h Carey
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth February 2nd 1875.
4. Place of Birth (Street and Number) No 266 Gough St. F.P.
5. Full Name of Mother Margarette Robb, Stutt.
6. Mother's Maiden Name Margarette Robb.
7. Mother's Birthplace America
8. Full Name of Father Fred'k Wm Stutt.
9. Father's Occupation Carpenter.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address #178 S Chapel St F.P.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1168

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth 5

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 21st of February
4. Place of Birth (Street and Number) W. Baltimore St No 204
5. Full Name of Mother Anna Mary
6. Mother's Maiden Name Meyer
7. Mother's Birthplace Hanover Germany
8. Full Name of Father Herman Frederick Radecke
9. Father's Occupation Carpenter
10. Father's Birthplace Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Anner Sumter

Address No 60 Shorter

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored. (African)
3. Date of Birth Feby 21st 1875
4. Place of Birth (Street and Number) 88 Peirce St.
5. Full Name of Mother Martha A. Glee
6. Mother's Maiden Name " " Fisher
7. Mother's Birthplace Calvert Co. Md.
8. Full Name of Father Daniel A. Glee
9. Father's Occupation Cook & Wailer
10. Father's Birthplace Shenandoah Co. Va.

Name of Medical Attendant, or other Person who makes this Return. J. Zepp M.D.

Address 90 N Green St.

Remarks A full term healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 21. 1875
4. Place of Birth (Street and Number) 26 Leadenhall St
5. Full Name of Mother Annie Winter
6. Mother's Maiden Name Annie Eitel
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles F. Winter
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Streng

Remarks No 32 Leadenhall Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Feb 21st 1875
4. Place of Birth (Street and Number)	21 Stockton alley
5. Full Name of Mother	Charlotte Brent
6. Mother's Maiden Name	"
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Brent
9. Father's Occupation	Drayman
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Caroline Jones
Address	22 Stockton alley
Remarks	Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 21d 1875
4. *Place of Birth (Street and Number)* Paint Lane no number
5. *Full Name of Mother* Henriette Kiel
6. *Mother's Maiden Name* Henriette Shoemaker
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address 182 Monument street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1173

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 25 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth February 21st 1875

4. Place of Birth (Street and Number) No 120 S. Eden St.

5. Full Name of Mother Mariana Behrend

6. Mother's Maiden Name Falk

7. Mother's Birthplace Hamburg

8. Full Name of Father Jacob Behrend

9. Father's Occupation Agent

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 21st 1875
4. Place of Birth (Street and Number)	No 65 South Ann st.
5. Full Name of Mother	Henrietta Fröhlich
6. Mother's Maiden Name	" Heyn
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Marcus Fröhlich
9. Father's Occupation	Merchant
10. Father's Birthplace	Hungary
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1175

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 21st 1875
4. Place of Birth (Street and Number)	112 S. Bond st.
5. Full Name of Mother	Anna Mc Gill
6. Mother's Maiden Name	" Mahoney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mm D. Mc Gill.
9. Father's Occupation	Oysterman.
10. Father's Birthplace	Dublin
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buslemeyer
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st February 1875
4. Place of Birth (Street and Number)	188 Chesapeake St Canton
5. Full Name of Mother	Eliza Jane Thomas
6. Mother's Maiden Name	Eliza Jane Steward
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Washington Thomas
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorcester County Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sally Sullens
Address	104 Barley St Canton
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 25 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feby 21st 1875
4. *Place of Birth (Street and Number)* 611 S. Schroeder Street
5. *Full Name of Mother* Sarah Ann Francis McCallister
6. *Mother's Maiden Name* Sarah Ann Francis Pickett
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James D McCallister
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo H. Taylor MD

Address # 1 Waverley Terrace

Remarks

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) ~~white~~ White
3. Date of Birth 10 o clock 22d day feb 1875
4. Place of Birth (Street and Number) 61 portland st
5. Full Name of Mother mrs Elizzie schecker
6. Mother's Maiden Name Elizzie Waller.
7. Mother's Birthplace Baltimore MD
8. Full Name of Father Christian Schecker
9. Father's Occupation pipe fitter
10. Father's Birthplace germany

Name of Medical Attendant, or other Person who makes this Return. Katharine Seebach

Address West Lovett St 439

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1179

RETURN OF A BIRTH.

HEALTH DEPARTMENT
FEB 24 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Primipera.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 P.M. Febry 22 1875.
4. Place of Birth (Street and Number)	407 E. Baltimore St.
5. Full Name of Mother	Julia C. Griffith.
6. Mother's Maiden Name	Julia C. Taylor.
7. Mother's Birthplace	Dunbas. Canada.
8. Full Name of Father	Henry G. Griffith.
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr: F. Powell. M.D.
Address	72 E. Pratt St.
Remarks	Duration of Labor 70 hours.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1180

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 Children.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 22. of. February
4. *Place of Birth* (Street and Number) johnson St. N. 140.
5. *Full Name of Mother* Lessa Scanders.
6. *Mother's Maiden Name* Lessa Hinkwood
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Henery. Scanders.
9. *Father's Occupation* Shipe Caulker.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mar. Martin.

Address West St. N. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1181 — 1182

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twins

1. Sex (state whether ~~Male or~~ Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 17

4. Place of Birth (Street and Number) Rumsey 160

5. Full Name of Mother Laura Lauman

6. Mother's Maiden Name Laura Rodman

7. Mother's Birthplace Baltimore City

8. Full Name of Father Robert Lauman

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell

Address No 258 East Pratt

Remarks Cause not stating Lived 18 hours only

1182

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twins

1. Sex (state whether ~~Male or~~ Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 22
4. Place of Birth (Street and Number) Ramsey St 160
5. Full Name of Mother Laura Laiman
6. Mother's Maiden Name Laura Rodman
7. Mother's Birthplace Baltimor City
8. Full Name of Father Robert Laiman
9. Father's Occupation Labore
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Catherin Mitchell

Address No 58 south Parker St

Remarks (dead) Cases Not Noeing Lived 28 hours

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth February 22nd 1875

4. Place of Birth (Street and Number) No 433 Canton Ave

5. Full Name of Mother Caroline Haas

6. Mother's Maiden Name " Krug

7. Mother's Birthplace Germany

8. Full Name of Father Martin Haas

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Bushmann

Address 120 Bank St

Remarks Still Born Twins

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1184

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth February 22nd 1875
4. Place of Birth (Street and Number) No 161 S. Broadway
5. Full Name of Mother Anna C. Singelwald
6. Mother's Maiden Name " " Wesling
7. Mother's Birthplace City
8. Full Name of Father Charles A. Singlwald
9. Father's Occupation Hatter
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1185

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 22. 1875
4. *Place of Birth (Street and Number)* 575 W Fayette St.
5. *Full Name of Mother* Rebecca Landsberg
6. *Mother's Maiden Name* Rebecca Sonnheim
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* May Landsberg
9. *Father's Occupation* Liquor dealer
10. *Father's Birthplace* Hamburg Germany

Name of Medical Attendant, or other Person who makes this Return. H. M. Niles

Address 251 Madison Ave

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1186

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 22nd 1875
4. Place of Birth (Street and Number)	Baltimore, Md. Cheslie St. No 52
5. Full Name of Mother	Sarah A Emery
6. Mother's Maiden Name	" " Hartley
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Edwin R. Emery
9. Father's Occupation	Seaman — Male
10. Father's Birthplace	Belfast — Maine
Name of Medical Attendant, or other Person who makes this Return.	Margaret A Davenport.
Address	218 Bank St.
Remarks	Doing very well —

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1187

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 22d 75
4. Place of Birth (Street and Number)	27 N. Gilmor Str
5. Full Name of Mother	Mrs Jennie Higgins
6. Mother's Maiden Name	Jennie White
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mr. J. R. Higgins
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Montgomery Co. Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	A H Saxton M D
Remarks	Lexington Str

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1158

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) colord
3. *Date of Birth* febuary the 11th
4. *Place of Birth* (Street and Number) Jenkens Alley No 4
5. *Full Name of Mother* Catharine Mackell
6. *Mother's Maiden Name* Catharine Collins
7. *Mother's Birthplace* Mary Land Baltimore city
8. *Full Name of Father* Samuel Mackall
9. *Father's Occupation* Porter in Store
10. *Father's Birthplace* Calvert co Md

Name of Medical Attendant, or other Person who makes this Return. Mary Elizabeth Cohen

Address No 40 Moores Alley

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1189

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 22. 1875.
4. Place of Birth (Street and Number)	647 Penn. Avenue.
5. Full Name of Mother	Mrs Ary Lucas
6. Mother's Maiden Name	Ary Fizzell
7. Mother's Birthplace	Balt. County
8. Full Name of Father	Thomas Lucas
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	M. Brewer M.D.
Address	201 N. Biddle St.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5t
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	22 of February
4. Place of Birth (Street and Number)	N. Exeter st 98
5. Full Name of Mother	Rachel
6. Mother's Maiden Name	Jacob
7. Mother's Birthplace	Plinck, Russia
8. Full Name of Father	Lewy
9. Father's Occupation	Teller
10. Father's Birthplace	Warschau
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Cäcilie Bernstein
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 22d February
4. Place of Birth (Street and Number) Harford Road. B. Co.
5. Full Name of Mother Therasia Helges
6. Mother's Maiden Name Willem
7. Mother's Birthplace Holland.
8. Full Name of Father Henry J. Helges
9. Father's Occupation Farmer.
10. Father's Birthplace Holland

Name of Medical Attendant, or other Person who makes this Return. Mar. R. Rudiger

Address 134 N. Bond St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 22. 1875
4. *Place of Birth (Street and Number)* 155 Linden Ave Balt
5. *Full Name of Mother* Elizabeth Ann Houck
6. *Mother's Maiden Name* Elizabeth Ann Graham
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John T. Houck
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Carroll County Md

Name of Medical Attendant, or other Person who makes this Return. Wm H Davis.

Address

Remarks

ret Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22d February 1875
4. Place of Birth (Street and Number)	109 North Pleasant St
5. Full Name of Mother	Sarah Jane Franau
6. Mother's Maiden Name	Sarah Jane Stein.
7. Mother's Birthplace	Hagerstown Md.
8. Full Name of Father	Thomas A. Franau.
9. Father's Occupation	Machinist.
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	A. H. Littell.
Address	231 Franklin St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	first 4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 4th 1875
4. Place of Birth (Street and Number)	789 West Balto St
5. Full Name of Mother	Sarah L Norris
6. Mother's Maiden Name	Dowden
7. Mother's Birthplace	Howard County Md
8. Full Name of Father	James H Norris
9. Father's Occupation	Machine Carpenter
10. Father's Birthplace	Harford County Md
Name of Medical Attendant, or other Person who makes this Return.	Dr S Chadwell of Harford County
Address	James H Norris
Remarks	

RETURN OF A BIRTH.

1194

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Feby 22nd 1875
4. Place of Birth (Street and Number)	5 Houses Ct.
5. Full Name of Mother	Sarah Jane Bennett
6. Mother's Maiden Name	nee Williams
7. Mother's Birthplace	St. Mary's Co. Md
8. Full Name of Father	Stephen Bennett
9. Father's Occupation	Sailor
10. Father's Birthplace	St. Mary's Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre sts
Remarks	

13¼ lbs

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1196

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	February 22nd 1875
4. Place of Birth (Street and Number)	Carlton st - near Franklin st
5. Full Name of Mother	Annie Cole
6. Mother's Maiden Name	Annie Mahock
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	James A. Cole
9. Father's Occupation	Plasterer & Brick Layer
10. Father's Birthplace	Elliott City Md
Name of Medical Attendant, or other Person who makes this Return.	Chas F. Kimmel
Address	Edmondson Ave near Republican St
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1197

HEALTH DEPARTMENT
FEB 27 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feb. 22nd 1875
4. *Place of Birth* (Street and Number) 89 Hollins Street
5. *Full Name of Mother* Mary E. Ridgely
6. *Mother's Maiden Name* M. E. Crop
7. *Mother's Birthplace* Howard Co Md
8. *Full Name of Father* J. Tayer Ridgely
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Speier M.D.

Address 379 Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1198

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 22th feb 1875.
4. Place of Birth (Street and Number) 3d market space.
5. Full Name of Mother Lizette Kernes
6. Mother's Maiden Name " Ilme
7. Mother's Birthplace Irland
8. Full Name of Father John Kernes
9. Father's Occupation machinist
10. Father's Birthplace Irland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard. St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
20
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 20th 1875.
4. *Place of Birth (Street and Number)* No 370 Orleans st.
5. *Full Name of Mother* Rose Blessing
6. *Mother's Maiden Name* " Kennd
7. *Mother's Birthplace* Baltor City
8. *Full Name of Father* Harry Blessing
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschund.

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Three

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth Feby 22d 1875
4. Place of Birth (Street and Number) 236 Hughes St
5. Full Name of Mother Jane Bodley
6. Mother's Maiden Name Jane Downes
7. Mother's Birthplace Balto City
8. Full Name of Father John Bodley
9. Father's Occupation Dryman
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Mills Gross

Address Patapsco Ave No 1

Remarks None

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1201

HEALTH DEPARTMENT
FEB 2[illegible] 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feby 22d /6

4. Place of Birth (Street and Number) Lemon St. between Fulton & Monroe Sts

5. Full Name of Mother Margaret Fallon

6. Mother's Maiden Name ~~[illegible]~~ Smith

7. Mother's Birthplace Ireland

8. Full Name of Father Mr Bernard Fallon

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. A H Saxton M.D.

Address

Remarks — Delivery by forceps

... of the Board of Health to secure a full and cor-
... of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 22na 1875
4. Place of Birth (Street and Number)	No 908 Elliott st.
5. Full Name of Mother	Charlotte Helm
6. Mother's Maiden Name	Charlotte Pabst
7. Mother's Birthplace	Bavaria
8. Full Name of Father	George Helm
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Thomas J. Evans. M. D
Address	No 18 Jackson Square Balt. City.
Remarks	Natural Laton.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Feb 22nd 1875
4. Place of Birth (Street and Number) 273 Preston St
5. Full Name of Mother Mollie Canowles
6. Mother's Maiden Name Mollie Sheely
7. Mother's Birthplace Littlestown Pa
8. Full Name of Father Arch Canowles
9. Father's Occupation Wagoner
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl Midwife

Address 214 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 22nd
4. Place of Birth (Street and Number) No 1 Hall St. Baltimore Conway
5. Full Name of Mother Catherine Elizabeth ~~Critger~~
6. Mother's Maiden Name Catherine Elizabeth Critger
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William Henry Conway
9. Father's Occupation Fisherman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cilestine Conway

Address 131 Battery avenue Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1205

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 23d of Feb 7-30 A. M.
4. Place of Birth (Street and Number) 50 Etting St
5. Full Name of Mother Elizabeth Gance
6. Mother's Maiden Name Elizabeth Heim
7. Mother's Birthplace Balt
8. Full Name of Father George Gance
9. Father's Occupation Transfer Company Bagage Driver
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Alfred Hughes, M. D

Address 234 W. Biddle St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1206

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 28 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Childern.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Withe
3. Date of Birth 23. of February.
4. Place of Birth (Street and Number) No. 349. Sharpe St.
5. Full Name of Mother Cate. Kiser.
6. Mother's Maiden Name Cate. Conroy.
7. Mother's Birthplace Baltimor.
8. Full Name of Father John. Kiser.
9. Father's Occupation Wannesher.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West. St. No. 128.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1207

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* February 23rd 75.

4. *Place of Birth (Street and Number)* No 112 N Holliday St

5. *Full Name of Mother* Catherine Kelly

6. *Mother's Maiden Name* " Broderick

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* James Kelly

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. Chas. A. McCormick

Address No 134 N. Exeter St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 23d Febr 75
4. Place of Birth (Street and Number) 231 Lee St
5. Full Name of Mother Eugenie Anna Beushausen
6. Mother's Maiden Name Eugenie Anna Nickel
7. Mother's Birthplace Minden (Germany)
8. Full Name of Father Fred H. Ferd. Beushausen
9. Father's Occupation Clerk (Bookkeeper)
10. Father's Birthplace Beckerode (Germany)

Name of Medical Attendant, or other Person who makes this Return. J. H. Hildmann M.D.

Address 120 Pearl St. Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Jewish White
3. Date of Birth February 23 1875
4. Place of Birth (Street and Number) May 11 to 15 Baltimore Md
5. Full Name of Mother Rachel Jacobs
6. Mother's Maiden Name Rachel Kelner
7. Mother's Birthplace Russia Poland
8. Full Name of Father Ephrem Jacobs
9. Father's Occupation Tailor
10. Father's Birthplace Russia Poland

Name of Medical Attendant, or other Person who makes this Return. Otto Rose Ully

Address 48 Holland St Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febuary 23 rd
4. Place of Birth (Street and Number)	E Lambart Street # 119
5. Full Name of Mother	Anna Staam
6. Mother's Maiden Name	Anna Kraus
7. Mother's Birthplace	Sugarhiem
8. Full Name of Father	John Staam
9. Father's Occupation	Basketmaker
10. Father's Birthplace	Saxe Koburg
Name of Medical Attendant, or other Person who makes this Return.	Doyle Simon
Address	70 Granby Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* Feb. 23
4. *Place of Birth (Street and Number)* Robey 210.
5. *Full Name of Mother* Rosella Smith
6. *Mother's Maiden Name* Byrd
7. *Mother's Birthplace* Calvert Co. Md.
8. *Full Name of Father* Agustus Smith
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace* Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Amelia Blake. Midwife.

Address 210 Robey St

Remarks I, Jane E. Robertson from made out the report in the absence of the Midwife.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth February 23d 1875
4. Place of Birth (Street and Number) No 6 Stirling Street
5. Full Name of Mother Anastasia Davidge
6. Mother's Maiden Name Saunders
7. Mother's Birthplace Baltimore
8. Full Name of Father John Davidge
9. Father's Occupation Porter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. R. E. Stein M.D.

Address 137 N. Exeter St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first Child

1. Sex (state whether Male or Female) male Child
2. Race or Color (if not of the white race) White Child
3. Date of Birth feb. 23. Eighth. 75
4. Place of Birth (Street and Number) Baltimore No 445 West Lombard St
5. Full Name of Mother Anney Ifort
6. Mother's Maiden Name Mary Hozinfross
7. Mother's Birthplace Obricken
8. Full Name of Father Joseph Hart
9. Father's Occupation Carpenter
10. Father's Birthplace Undericking

Name of Medical Attendant, or other Person who makes this Return. Katharine Sunbach

Address West Lewett St 439.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1214

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Feb 23rd '75
4. Place of Birth (Street and Number) P. E. Monument st
5. Full Name of Mother Susan Elizabeth Reuther
6. Mother's Maiden Name S. E. Milburn
7. Mother's Birthplace Cornchester Va.
8. Full Name of Father Henry Reuther
9. Father's Occupation Lalton Keeper
10. Father's Birthplace Koherenfurt Kreis Melsungen Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible] Levinson MD

Address 133 N. Eiter st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 23rd 1875
4. Place of Birth (Street and Number)	No 40 Gist st
5. Full Name of Mother	Lizzie Bohneberg
6. Mother's Maiden Name	" Müller
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Bohneberg
9. Father's Occupation	Fireman
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buslmann
Address	120 Bank st
Remarks	

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14 Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 23th of February
4. Place of Birth (Street and Number) 498. Lexington
5. Full Name of Mother Elisabeth Schwarz
6. Mother's Maiden Name Elisabeth Reuver
7. Mother's Birthplace Henover Germany
8. Full Name of Father Daniel Schwarz
9. Father's Occupation Bakary by trade
10. Father's Birthplace Wertenberg Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Dumler

Address Nor 11 Shorter St

Remarks This Child lived only a half hour

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11
1217

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 25 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Feby. 23rd
4. *Place of Birth* (Street and Number)	432 Eastern ave Balto. city
5. *Full Name of Mother*	Marg. J. Tower
6. *Mother's Maiden Name*	" " Roberts
7. *Mother's Birthplace*	Baltimore city
8. *Full Name of Father*	Alonza Tower
9. *Father's Occupation*	Machine Operator
10. *Father's Birthplace*	Mass.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	114 S. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1218

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Feb 23rd 1875
4. Place of Birth (Street and Number) 59 Penna Ave
5. Full Name of Mother Julia Letmate
6. Mother's Maiden Name Julia Hock
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Chas Letmate
9. Father's Occupation Viner
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie [illegible]

Address 214 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Feb 23rd '75
4. Place of Birth (Street and Number) 124 Dolphin St
5. Full Name of Mother Almira Carroll Chalk
6. Mother's Maiden Name Almira C. Baker
7. Mother's Birthplace Balt: city
8. Full Name of Father Wm Alfred Chalk
9. Father's Occupation Clerk
10. Father's Birthplace Balt: city

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M.D.

Address 180 Linden Avenue

Remarks Labor natural, 6 hours, long, position left occipito anterior.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1220

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 23, 1875
4. Place of Birth (Street and Number)	28 Rabun's Ln
5. Full Name of Mother	Sarah Johnston
6. Mother's Maiden Name	Johnston
7. Mother's Birthplace	Accomac Co Virginia
8. Full Name of Father	Gilliston Johnston
9. Father's Occupation	Laborer
10. Father's Birthplace	Accomac Co. Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. A. Gillies M.D.
Address	25 N. Greene St
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 (Four)
1. Sex (state whether Male or Female)	"
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	28th Feby
4. Place of Birth (Street and Number)	64 Southern St
5. Full Name of Mother	Emma Cornish
6. Mother's Maiden Name	Rena Lewis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Cornish
9. Father's Occupation	Chimney Sweep
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Francis Cook M.D.
Address	No 10 Penn Alley
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
2
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second S.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	wite
3. Date of Birth	23 Febury
4. Place of Birth (Street and Number)	474 Cantonavend
5. Full Name of Mother	Elisbeth ~~Raza~~ Miller
6. Mother's Maiden Name	Elisbeth Raza
7. Mother's Birthplace	Germine
8. Full Name of Father	Adam Miller
9. Father's Occupation	Laborer
10. Father's Birthplace	Germine
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Paterson Park Avenue
Remarks	

Extract Regulations of the Board of Health relative to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1223

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 23. 1875
4. Place of Birth (Street and Number) 192 N. Eutaw St.
5. Full Name of Mother Sarah Norris
6. Mother's Maiden Name Sarah Bond
7. Mother's Birthplace Prince George's County
8. Full Name of Father James Norris
9. Father's Occupation Shoemaker
10. Father's Birthplace Harford County

Name of Medical Attendant, or other Person who makes this Return.

Address Marbury Brewer MD

Remarks 201 W. Biddle

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 23rd 75.
4. Place of Birth (Street and Number)	No 18 So Eutaw Street
5. Full Name of Mother	Mary Frances Woodward Butler
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Harford Co Md.
8. Full Name of Father	Nicholas R. Woodward
9. Father's Occupation	Livery Keeper
10. Father's Birthplace	Anne Arundal Co Md
Name of Medical Attendant, or other Person who makes this Return.	J. Wm Walls M.D.
Address	18 So. Eutaw Street
Remarks	Vertex Presentation 2ri Position Labr. Natural.

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1225

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 23th 1875
4. *Place of Birth (Street and Number)* 64 Forrest street
5. *Full Name of Mother* Elisabeth Weber
6. *Mother's Maiden Name* Elisabeth Wetzein
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Weber
9. *Father's Occupation* Carpet Weber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 Monument street

Remarks

Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 23 d
4. Place of Birth (Street and Number)	No 77 North Eden St.
5. Full Name of Mother	Anna Preis
6. Mother's Maiden Name	Anna Link
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Preis
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Siemon
Address	No 70 Granby St.
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract from Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 1227

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 23rd
4. Place of Birth (Street and Number)	185 Conway St.
5. Full Name of Mother	Amelia Lupus
6. Mother's Maiden Name	Amelia Kapitzka
7. Mother's Birthplace	Brunswick (Germany)
8. Full Name of Father	Rudolph Lupus
9. Father's Occupation	artist
10. Father's Birthplace	Marburg (Germany)
Name of Medical Attendant, or other Person who makes this Return.	H Albers
Address	95 Sharp St.
Remarks	

1228

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23th febr 875
4. *Place of Birth (Street and Number)* 167. Pennst St.
5. *Full Name of Mother* Lizi Gros.
6. *Mother's Maiden Name* " Ditzel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Gros.
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Sarah Jaspren

Address 52 7 Lombard St. E

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1229 ~~1229~~ ~~1258~~

HEALTH DEPARTMENT FEB 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11t Shild

1. Sex (state whether Male or Female) ~~weniet~~ Knabe

2. Race or Color (if not of the white race) weniet

3. Date of Birth 23t Februar

4. Place of Birth (Street and Number) Hafertebeun No 303.

5. Full Name of Mother Rebeka Hauser

6. Mother's Maiden Name Rebeka Amerein

7. Mother's Birthplace geborn in Baltimor Kanute.

8. Full Name of Father Georg Friedrich Hauser.

9. Father's Occupation Profision Schmied

10. Father's Birthplace geboren in Singelsbach Baden

Name of Medical Attendant, or other Person who makes this Return. Walburga Miller.

Address Stirling St No 165.

Remarks

52

Extract Regulations of the Board of

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1230 ~~1229~~

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Feby 24th 1875
4. Place of Birth (Street and Number) 148 Castle South
5. Full Name of Mother Teresa Elizabeth Morath
6. Mother's Maiden Name " " Farrell
7. Mother's Birthplace Brooklyn N.Y.
8. Full Name of Father Aug. M. Morath
9. Father's Occupation Showman
10. Father's Birthplace Newark Ohio

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 S. Broadway

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Thirteenth Child (13)

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth February 24th
4. Place of Birth (Street and Number) 230 Bank St.
5. Full Name of Mother Elizabeth A Jay
6. Mother's Maiden Name Elizabeth A Wellslager
7. Mother's Birthplace Baltimore City
8. Full Name of Father Stephen P. Jay
9. Father's Occupation Police Officer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A. Garrett

Address No. 31 Luzerne Street

Remarks

Extract Regulations of the Board of Health [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1232

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Brown
3. Date of Birth	February 24th
4. Place of Birth (Street and Number)	No. 6 Peach alley
5. Full Name of Mother	Louisa Ross
6. Mother's Maiden Name	Louisa Mabee
7. Mother's Birthplace	Caroline County Md
8. Full Name of Father	Benjamin Ross
9. Father's Occupation	Stevedore
10. Father's Birthplace	Cambridge Md
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Ann Johnson
Address	No 220 West Fourth
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1233

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth 24th Feby
4. Place of Birth (Street and Number) 119 N. Gay St.
5. Full Name of Mother Celia ~~Cozens~~ Kaufman
6. Mother's Maiden Name Celia Cozen
7. Mother's Birthplace N. York
8. Full Name of Father David Kaufman.
9. Father's Occupation Merchant.
10. Father's Birthplace Baden

Name of Medical Attendant, or other Person who makes this Return. [illegible] Henderson

Address 133 N Gilt St

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1234

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 Childern

1. Sex (state whether Male or Female) Males.
2. Race or Color (if not of the white race) Withe.
3. Date of Birth 24. February.
4. Place of Birth (Street and Number) Mongomery St.
5. Full Name of Mother Theresa Soety Abendshoen
6. Mother's Maiden Name Theresa Soety
7. Mother's Birthplace Volkmassen
8. Full Name of Father George Abendshoen
9. Father's Occupation Tailor
10. Father's Birthplace Freiolyheim

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West. St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 24th 1875
4. Place of Birth (Street and Number) Cor. North & Greenmount Ave.
5. Full Name of Mother Mary Ahl
6. Mother's Maiden Name Mary Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Ahl
9. Father's Occupation Car Builder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Silas W. Hunter

Address 111 Greenmount Ave.

Remarks

Extract Regulations of the Board of Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d,~~ &c.) 2 d

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) Black
3. Date of Birth Feb: 24th
4. Place of Birth (Street and Number) 38 Little Monument St
5. Full Name of Mother Louisa Dodson
6. Mother's Maiden Name Louisa Barbour
7. Mother's Birthplace Virginia
8. Full Name of Father James Dodson
9. Father's Occupation Waiter
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr: W. B. Griffith

Address 117 Madison St: S.W. Corner Park Ave.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13
1237

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 1 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	9 U
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feb 24 1875
4. Place of Birth (Street and Number)	268 Light St
5. Full Name of Mother	Dorette Grempler
6. Mother's Maiden Name	" Mayer
7. Mother's Birthplace	Hanover Germa
8. Full Name of Father	Charles Grempler
9. Father's Occupation	Barber
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Ked. Grempler
Address	
Remarks	Fine Healthy Child and delivered without the aid of Physician or Midwife

Extract Regulations of the Board of Health

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) birth of one

1. Sex (state whether Male or Female) Male Child
2. Race or Color (if not of the white race) Colard Child
3. Date of Birth Febu 24th 1875
4. Place of Birth (Street and Number) no 84 Not Spring St Baltimore Md
5. Full Name of Mother Elisabeth Ambey
6. Mother's Maiden Name Elizabeth Wayman
7. Mother's Birthplace Denton Caroline County Md
8. Full Name of Father Thomas Ambey
9. Father's Occupation Laberoe
10. Father's Birthplace Easton Taulbort County Md

Name of Medical Attendant, or other Person who makes this Return. No Medical Attendant

Address Lucenday Woolford Midwife

Remarks Was Sofishon No 130 North Register St Baltimore Md

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24th February
4. Place of Birth (Street and Number) 45 N. Front St
5. Full Name of Mother Mary Klein
6. Mother's Maiden Name Kindler
7. Mother's Birthplace Ohio.
8. Full Name of Father Henry Klein
9. Father's Occupation Sheepskin Tanner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 N. Bond St.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1240

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 24th 1875
4. Place of Birth (Street and Number) 355 Ann Street
5. Full Name of Mother Caroline Krieger
6. Mother's Maiden Name Caroline Münich
7. Mother's Birthplace Baltimore
8. Full Name of Father John Krieger
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 Monument street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1241

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 24th 1875
4. *Place of Birth (Street and Number)* 365 Central av
5. *Full Name of Mother* Ann R. A. Fleeharty
6. *Mother's Maiden Name* " " Hurtt
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Jno T. Fleeharty
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. A Wartman M.D.

Address # 305 N Caroline St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1242

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 24th 1875
4. *Place of Birth (Street and Number)* 299 N Bond St
5. *Full Name of Mother* Sallie Rayne Ray
6. *Mother's Maiden Name* " " Ritter
7. *Mother's Birthplace* Georgetown D.C.
8. *Full Name of Father* Andrew Jackson Ray
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. A. Wartman M.D

Address # 305 N Carolina St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 2nd 1875
4. *Place of Birth (Street and Number)* 39 Warren Ave
5. *Full Name of Mother* Catherine Keeler
6. *Mother's Maiden Name* " Durham
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John Keeler
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Dunson MD

Address 114 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

12441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 24 February 75
4. *Place of Birth (Street and Number)* Schroeder & Y. E. Cor. George st.
5. *Full Name of Mother* Savannah D. Elcott
6. *Mother's Maiden Name* Savannah D. Brown
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* James B. Elcott
9. *Father's Occupation* Paper hanger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Biedermann M.D.

Address 120 Paca st. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

" "

RETURN OF A BIRTH.

12145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 24th 1875
4. Place of Birth (Street and Number)	61 Thames St
5. Full Name of Mother	Elizabeth Ann Reeves
6. Mother's Maiden Name	" " Furlong
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Theodore Reeves
9. Father's Occupation	Sailor Boarding House Keeper
10. Father's Birthplace	Newfoundland
Name of Medical Attendant, or other Person who makes this Return.	James F. [illegible]
Address	257 Eastern Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feby 24th 1875
4. Place of Birth (Street and Number) #246 E Balto St
5. Full Name of Mother Alice Mary Sickle
6. Mother's Maiden Name Alice M Trust
7. Mother's Birthplace Balto.
8. Full Name of Father Edw Sickle
9. Father's Occupation Confectioner
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. P. J. Kinneman M.D.

Address 73 E. Pratt St

Remarks Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 24 1875
4. Place of Birth (Street and Number)	105 n Wolf st
5. Full Name of Mother	Louise Goldenpfennig
6. Mother's Maiden Name	Louise Stengel
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Carl Goldenpfennig
9. Father's Occupation	Painter
10. Father's Birthplace	Bischofs Westphalen
Name of Medical Attendant, or other Person who makes this Return.	Johann Langrath
Address	No 28 South Hoyt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb- 24th 1875
4. Place of Birth (Street and Number)	No- 85 South Spring Ste-
5. Full Name of Mother	Lizzie Power
6. Mother's Maiden Name	Lizzie King
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John W. Power
9 Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Mibler
Address	No- 151 East Pratt Ste
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, the following distinctly the date of birth, sex, and, color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

1249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 24th 1875
4. Place of Birth (Street and Number) 319 Pennsylvania Avenue
5. Full Name of Mother Amanda K Reed
6. Mother's Maiden Name Amanda K Forney
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father William Louis Reed
9. Father's Occupation Upholster
10. Father's Birthplace Dorchester Co Maryland

Name of Medical Attendant, or other Person who makes this Return. H Durling Md

Address 143 Mulberry street

Remarks Vertex presentation

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1250

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 thr Chile

1. Sex (state whether Male or Female) Male [redacted]

2. Race or Color (if not of the white race) White

3. Date of Birth Wensday Morng Februar 24

4. Place of Birth (Street and Number) No 54 Block St

5. Full Name of Mother Louisa Baker

6. Mother's Maiden Name Louisa Gaul

7. Mother's Birthplace Hesen Daurmste Germany

8. Full Name of Father Harmon Baker

9. Father's Occupation Ship Carpanter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mr L. Brendel

Address No 208 South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 8-18-55

1251

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th February 1875.
4. Place of Birth (Street and Number)	414 Park Av.
5. Full Name of Mother	Francis Litchfield Turnbull
6. Mother's Maiden Name	Francis Litchfield
7. Mother's Birthplace	New York
8. Full Name of Father	Lawrence Turnbull
9. Father's Occupation	Lawyer
10. Father's Birthplace	Balt: County
Name of Medical Attendant, or other Person who makes this Return.	H. O. Wilson M.D.
Address	146 Park Av:
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	24 February
4. Place of Birth (Street and Number)	No 80 S. Mount St.
5. Full Name of Mother	Maria Krauss
6. Mother's Maiden Name	Maria Kapsaun
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jos Krauss
9. Father's Occupation	Carpenter
10. Father's Birthplace	Furstenberg Germania
Name of Medical Attendant, or other Person who makes this Return.	Anna Lindner
Address	No 45 S. Monroe St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 24 1875
4. *Place of Birth (Street and Number)* No 166 Hughes Lr
5. *Full Name of Mother* Maggie Gadd
6. *Mother's Maiden Name* Maggie Bell
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Samuel - Gadd
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. H B Stobb M D

Address 17 Orange Lr

Remarks City

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

1254

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth February 24th 1875
4. Place of Birth (Street and Number) Alice Ann St. No 288
5. Full Name of Mother Metta Bruining
6. Mother's Maiden Name Metta Dieterich
7. Mother's Birthplace Bunken Gr. Oldenburg. Germany
8. Full Name of Father Herman H. Bruining
9. Father's Occupation none
10. Father's Birthplace Bunken Gr. Oldenburg Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1255

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 24th of February 1875
4. Place of Birth (Street and Number)	No 90 n Jay Street
5. Full Name of Mother	Caroline Jeniz
6. Mother's Maiden Name	Caroline Mährung
7. Mother's Birthplace	Germany
8. Full Name of Father	Andreas Jeniz
9. Father's Occupation	Shoe Store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiss midwife
Address	No 40 E Fayette Street
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or born, its or their physical condition, whether still born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children.

1256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 24th 1875
4. Place of Birth (Street and Number) 167 Montgomery st
5. Full Name of Mother Margaret Craft
6. Mother's Maiden Name " Meise
7. Mother's Birthplace Baltimore City
8. Full Name of Father Jno Craft
9. Father's Occupation
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill MD.

Address 90 Hanover st Balto

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any, physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

12-57

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Colard. female
2. *Race or Color* (if not of the white race) Colard
3. *Date of Birth* February 24th 1875 2 o'clock
4. *Place of Birth* (Street and Number) No 1 ~~Colored Alley~~ Bredenbaugh alley
5. *Full Name of Mother* Georganna Stokes
6. *Mother's Maiden Name* Georganna stokes
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Benjamin smith
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Harford county

Name of Medical Attendant, or other Person who makes this Return. Sophy Hines

Address 156 Chesnut st

Remarks

1258

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

No. of Child of Mother (state whether ~~[illegible]~~) 6

1. Sex (state whether Male or Female) Männlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 24 Februar
4. Place of Birth (Street and Number) 283 Schag Stritt
5. Full Name of Mother Maria Maier
6. Mother's Maiden Name M. Paul
7. Mother's Birthplace Deutschland
8. Full Name of Father Leonhart Maier
9. Father's Occupation Kubber
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Stritt

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1259 ~~1258~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1875 BALTIMORE.

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Feb'y 24th 7 30 A.M.
4. Place of Birth (Street and Number) 508 Light St
5. Full Name of Mother Emilie Demling
6. Mother's Maiden Name " Downey
7. Mother's Birthplace Baltimore
8. Full Name of Father Frederick Demling
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Gregg Shertzer M.D.

Address 117 East Baltimore St

Remarks In labor 21 hours - pas with her 9 hours - She would not believe that she was pregnant until child was born - she thought it was colic. belly ache

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	(White) American
3. Date of Birth	Feb. 23rd
4. Place of Birth (Street and Number)	337 W. Howard St.
5. Full Name of Mother	Lizzie Zink
6. Mother's Maiden Name	" Flynn
7. Mother's Birthplace	Eastport Maine.
8. Full Name of Father	John B. Zink
9. Father's Occupation	Sergt. U.S.A.
10. Father's Birthplace	Illinois
Name of Medical Attendant, or other Person who makes this Return.	Wm Glenn M.D.
Address	107 W. Biddle St.
Remarks	Forceps case.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 th " "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Febr, 25, 75
4. Place of Birth (Street and Number)	12. President St
5. Full Name of Mother	Rosalia ~~Mauch~~ Roth
6. Mother's Maiden Name	" Mauch
7. Mother's Birthplace	Germania
8. Full Name of Father	Wendelin Roth
9. Father's Occupation	Laborer
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Buschmann
Address	120. Bank St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1262

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Feby 25, 1875

4. Place of Birth (Street and Number) Viaduct Hotel (Relay Station)

5. Full Name of Mother Gertrude E. Sharp

6. Mother's Maiden Name Miss Gertrude E. Marsh

7. Mother's Birthplace Lynchburg, Virginia

8. Full Name of Father Thomas R. Sharp

9. Father's Occupation Master of Transportation B & O. R. R.

10. Father's Birthplace Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. W. I. Howard M. D.

Address 181 Madison Ave Baltimore Md.

Remarks Natural, Vertex presentation, 1st position, Chloroform used towards the close.

1263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 25th 1875 ~~No 102 Battery Av~~
4. Place of Birth (Street and Number)	No 168 Hughs St
5. Full Name of Mother	Mary E. Hantuno
6. Mother's Maiden Name	Mary E. Hyde
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Johnson Hantuno
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B Stokes M D
Address	17 Warren St Balto
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1264

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* White ; Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Thursday Feb 4th 1875

4. *Place of Birth (Street and Number)* 105 N. Ann. st.

5. *Full Name of Mother* Mary E. Hay.

6. *Mother's Maiden Name* " " Smith.

7. *Mother's Birthplace* Baltimore City.

8. *Full Name of Father* J. F. C. Hay.

9. *Father's Occupation* Slate Contractor.

10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Miss Walter.

Address 125 North Caroline street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7ter Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth February 25th 1875
4. Place of Birth (Street and Number) S. Caroline St. No 140
5. Full Name of Mother Louise Schwarzkopf.
6. Mother's Maiden Name Louise Stumpf.
7. Mother's Birthplace Hofenheim Gr. Baden Germany
8. Full Name of Father Adam Schwarzkopf.
9. Father's Occupation none
10. Father's Birthplace Urberach. Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address V. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex (state whether Male or Female) Male healthe
2. Race or Color (if not of the white race) white
3. Date of Birth 25 of February 1875
4. Place of Birth (Street and Number) No 803 West Pratt Street
5. Full Name of Mother Marry Baurnsmith
6. Mother's Maiden Name Marry Kestler
7. Mother's Birthplace Wolfelt Germania Bayern
8. Full Name of Father John Bauernsmith
9. Father's Occupation Beer Propriter
10. Father's Birthplace Wannbach Germania Bayern

Name of Medical Attendant, or other Person who makes this Return. Lizzi Hillar

Address No 57 Smallwood Street Balto.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 M.

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 25 February
4. Place of Birth (Street and Number) 319 Orleans St.
5. Full Name of Mother Karoline Bouisseix
6. Mother's Maiden Name Karoline Otto.
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis Bouisseix
9. Father's Occupation Apothecary
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr C Hoffman

Address 57 Aisquith.

Remarks

Extract Regulations of the Board of Health of Health [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 2.

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 25 February
4. Place of Birth (Street and Number) 444 Eagerst
5. Full Name of Mother Mary Gardner
6. Mother's Maiden Name Mary E Ewing
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Gardner
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D W Hoffman

Address 77 Aisquith

Remarks

Extract Regulations of the Board of Health to secure a [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Children

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Withe
3. Date of Birth 25. Febuary
4. Place of Birth (Street and Number) No. 116. Battory avenue
5. Full Name of Mother Balara Wayner
6. Mother's Maiden Name Balara Schmuck
7. Mother's Birthplace Baltimore
8. Full Name of Father Joshep Wayner
9. Father's Occupation Copper
10. Father's Birthplace Tonemeslach Bavena.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West St. No. 128.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 25th " 1875.
4. Place of Birth (Street and Number)	313 Raiford Ave.
5. Full Name of Mother	Sarah Clements
6. Mother's Maiden Name	Sarah Church
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H. Clements.
9. Father's Occupation	Laborer
10. Father's Birthplace	St. Mary's Co.
Name of Medical Attendant, or other Person who makes this Return.	Silas H. Hunter
Address	111 Greenmount Ave
Remarks	

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 two male one female

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) Wite
3. Date of Birth 25th February
4. Place of Birth (Street and Number) No 5 Branans court
5. Full Name of Mother Susan Apple
6. Mother's Maiden Name Susan Odell
7. Mother's Birthplace Baltimore
8. Full Name of Father ~~[illegible]~~ J Apple
9. Father's Occupation Sailor
10. Father's Birthplace Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Strung

Address

Remarks

Extract Regulations of the Board of Health [illegible]

[illegible]reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child living
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	—
3. Date of Birth	February. 25th 1875
4. Place of Birth (Street and Number)	58 Conway St.
5. Full Name of Mother	Cora V. Drury.
6. Mother's Maiden Name	Cora V. DeCamp.
7. Mother's Birthplace	Washington. D. C.
8. Full Name of Father	Chas. B. Drury.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address	158 S. Sharp St.
Remarks	

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1273

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25th February 1875
4. Place of Birth (Street and Number) 46 Etting Street
5. Full Name of Mother Margaret McElvaney
6. Mother's Maiden Name Margaret Corse
7. Mother's Birthplace Ireland
8. Full Name of Father Richard McElvaney
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer MD

Address 201 W. Biddle St.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1274

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First -
1. Sex (state whether Male or Female)	Male -
2. Race or Color (if not of the white race)	White -
3. Date of Birth	Feb. 25th.
4. Place of Birth (Street and Number)	Cathedral Stret 333
5. Full Name of Mother	Margret Mainda Fisher
6. Mother's Maiden Name	Colburn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Mathews Fisher
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore -
Name of Medical Attendant, or other Person who makes this Return.	L.K. Minick M.D. -
Address	No. 131 W. Biddle Stret -
Remarks	Left occipito-iliac position - In labor about six hours -

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1275

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th February
4. Place of Birth (Street and Number)	240 Patterson (East)
5. Full Name of Mother	Augusta Coyle
6. Mother's Maiden Name	Eck
7. Mother's Birthplace	Germany
8. Full Name of Father	Michael Coyle
9. Father's Occupation	Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm K. Robbins.
Address	124 N. Bond St
Remarks	

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1276

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 25th
4. Place of Birth (Street and Number)	Scotch St. No 219
5. Full Name of Mother	Barbara Brehmer nee
6. Mother's Maiden Name	Berold
7. Mother's Birthplace	Baden
8. Full Name of Father	Franz. Brehmer
9. Father's Occupation	Taylor
10. Father's Birthplace	Kurhessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Krook
Address	328 S Eutaw St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1277

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth 25 of February
4. Place of Birth (Street and Number) Bolton Alley near Pennsylvania Ave
5. Full Name of Mother Lenwiz McCarty
6. Mother's Maiden Name Lenwiz Briedle
7. Mother's Birthplace in Baltimore.
8. Full Name of Father John McCarty.
9. Father's Occupation Labor work.
10. Father's Birthplace in Baltimore County rock.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No. 14 Union Street.

Remarks

Extract Regulations of the Board of Health

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1278

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 25
4. Place of Birth (Street and Number)	No 214 Dollas st
5. Full Name of Mother	Elise Hundt
6. Mother's Maiden Name	Elise Bohlmann
7. Mother's Birthplace	Hamerdorf
8. Full Name of Father	Herman Hundt
9. Father's Occupation	Pane
10. Father's Birthplace	Klossenburg
Name of Medical Attendant, or other Person who makes this Return.	Sophie Sieno
Address	No 70 Franky st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1279

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 25th 1875
4. Place of Birth (Street and Number) # 320 N. Eden
5. Full Name of Mother Frances L Fairman
6. Mother's Maiden Name Macdonald
7. Mother's Birthplace New York City
8. Full Name of Father Gibson W Fairman
9. Father's Occupation Machinist
10. Father's Birthplace Norwich Conn

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address # 305 N Caroline St

Remarks This was a premature birth at Six Months - The Child breathed about thirty Minutes - Cause - Premature rupture of Membranes

1280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTM[illegible] MAR 2 1875 BALTIMO[illegible]

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Children.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Withe
3. Date of Birth 26th February.
4. Place of Birth (Street and Number) No. 146. Johnson St.
5. Full Name of Mother Anna Ubrich.
6. Mother's Maiden Name Anna Baumann
7. Mother's Birthplace Heitelrhein
8. Full Name of Father Adam Ubrich.
9. Father's Occupation Carton
10. Father's Birthplace Stillfrirz in germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West. St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1281

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 2 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 26th 1875
4. Place of Birth (Street and Number)	Franklin St cor of Schroeder
5. Full Name of Mother	Caroline Wode
6. Mother's Maiden Name	Caroline Clagget
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Wode
9. Father's Occupation	Grocer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	C. R. Uhler M. D.
Address	234 W. Fayette St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	26th Feb. 1875
4. Place of Birth (Street and Number)	268 Lexington Street
5. Full Name of Mother	Lena Emerich
6. Mother's Maiden Name	Lena Straus
7. Mother's Birthplace	Virginia
8. Full Name of Father	Martin Emerich
9 Father's Occupation	Merchant
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Jas. H. Butler M.D
Address	144 Mulberry St.
Remarks	"

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1283

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Feb 26th 1875.

4. Place of Birth (Street and Number) 373 William Street.

5. Full Name of Mother Anna Shabenland

6. Mother's Maiden Name Anna Dunwin

7. Mother's Birthplace Ireland

8. Full Name of Father Conrad Shabenland

9. Father's Occupation Shoemaker

10. Father's Birthplace Germaid

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av

Remarks

Extract Registrar's Report

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1284

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 26
4. *Place of Birth (Street and Number)* 101 Pennsylvania Avenue
5. *Full Name of Mother* Julia A Brooks
6. *Mother's Maiden Name* Julia A Woods
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Benjamin J Brooks
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. H Darling M D

Address 143 Mulberry street

Remarks Duration of labor 30 hours. Terminated by the use of Forceps — Vertex presentation

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 26th 1875

4. Place of Birth (Street and Number) Hamburg st No. 29

5. Full Name of Mother Mary Ann Mcgovern

6. Mother's Maiden Name Mary " Conroy

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick McGovern

9. Father's Occupation Hack Driver

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Mitchell

Address No. 58 Parkin st. 1875

Remarks

Extract Registration of

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1286

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 26th 1875.
4. Place of Birth (Street and Number)	No 236 Broadway. N. cor. Broadway.
5. Full Name of Mother	Theresa Plantholt.
6. Mother's Maiden Name	Theresa Albert.
7. Mother's Birthplace	Prussia Germany.
8. Full Name of Father	Chas Plantholt.
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	H. A. Butt.
Address	No 209. Monument St. Cor. Central Avenue.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb'ry 26th
4. Place of Birth (Street and Number) Harford Avenue No 580
5. Full Name of Mother Mary Ann Yeo
6. Mother's Maiden Name Mary Ann Ellis
7. Mother's Birthplace Baltimore County
8. Full Name of Father John Yeo
9. Father's Occupation Huckster
10. Father's Birthplace Baltimore Tyson Alley

Name of Medical Attendant, or other Person who makes this Return. Robt. J. Hall M.D.

Address No 280 North Eden Street

Remarks Thirty Hours labour. very painfull. Childs head out of proportion in size. To pelvis of Mother, Mother & Child doing well this 4th day. R. J. Hall

Extract Regulations of the Board of Health of the Mayor and Council of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 26th February 1875

4. Place of Birth (Street and Number) 112 Baker St Baltimore MD.

5. Full Name of Mother Sarah Ellen Hartigan

6. Mother's Maiden Name Sarah Ellen ~~[illegible]~~ Cooper

7. Mother's Birthplace Annes Arundel County Baltimore MD.

8. Full Name of Father William Henry Hartigan

9. Father's Occupation Painter

10. Father's Birthplace Baltimore MD.

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenry St Baltimore MD.

Remarks Mother and Chly doing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1289

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) It is the fifth child

1. *Sex (state whether Male or Female)* It is a man
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born on 26th of February
4. *Place of Birth (Street and Number)* Chesnut Street No 40
5. *Full Name of Mother* Martha Elizabeth Harden
6. *Mother's Maiden Name* Martha Elizabeth Johns
7. *Mother's Birthplace* In Talbot County Md
8. *Full Name of Father* Cyrus Harden
9. *Father's Occupation* Lombard Miller
10. *Father's Birthplace* Cockerville Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Maria Gordon mid Wife

Address East Street No 37

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth February 26th 1875
4. Place of Birth (Street and Number) No 238 Pierce St
5. Full Name of Mother Mary Linthicum
6. Mother's Maiden Name Mary Sibben
7. Mother's Birthplace New York
8. Full Name of Father John W Linthicum
9. Father's Occupation Laborer
10. Father's Birthplace Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. H S Bowie M.D

Address 4 McCulloch St

Remarks

Extract Regulations of the Board of Health to accompany the Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twelveth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th Febuary 1875
4. Place of Birth (Street and Number)	32 Bennett Street Canton
5. Full Name of Mother	Margret Fuller
6. Mother's Maiden Name	Margret Wise
7. Mother's Birthplace	Berlin Germany
8. Full Name of Father	John Fuller
9. Father's Occupation	Laborer
10. Father's Birthplace	Montgomery County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address	102 Conley St Canton
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- 1292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 day of Febr. 1875
4. Place of Birth (Street and Number)	855 West Pratt St, Balto City
5. Full Name of Mother	Dina Koch
6. Mother's Maiden Name	Dina Meyer
7. Mother's Birthplace	Ulzen Germany
8. Full Name of Father	John Herman Friedrich Wilhelm Koch
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Brockhausen Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anderson
Address	nr 4 Penn st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 ter Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 26th 1875
4. *Place of Birth* (Street and Number) N. Central Av. No 59
5. *Full Name of Mother* Wilhelmine Lindenstruth
6. *Mother's Maiden Name* Wilhelmine Hebbel.
7. *Mother's Birthplace* Orsenberg Gr. Hessen Germany
8. *Full Name of Father* August W. Lindenstruth
9. *Father's Occupation* Restaurateur
10. *Father's Birthplace* Mainz Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1294

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) White

2. Race or Color (if not of the white race) White

3. Date of Birth Feb 26th 1875

4. Place of Birth (Street and Number) 13 S Fremont St

5. Full Name of Mother Annie H Garrett

6. Mother's Maiden Name Hoffman

7. Mother's Birthplace Balto City

8. Full Name of Father William H Garrett

9. Father's Occupation Clerk

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Jas St Cunne

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the Eighth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 26 of February 1875
4. *Place of Birth* (Street and Number) No 759 Lambert Street
5. *Full Name of Mother* Auguste Tegeler
6. *Mother's Maiden Name* Auguste Schwarb
7. *Mother's Birthplace* Geetlingen Germania
8. *Full Name of Father* August Tegeler
9. *Father's Occupation* Backer
10. *Father's Birthplace* Detmold Germania

Name of Medical Attendant, or other Person who makes this Return. Lizzi Hillar

Address No 57 Smallwood St. Balto.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Three

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 25th 1875
4. Place of Birth (Street and Number) No 145 South Chapel Street
5. Full Name of Mother Mollie James
6. Mother's Maiden Name Mollie Newton
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William James
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Leo Walker

Address No 184 South Eutaw Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1297

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~19 Stockton Street~~ 26 Feb. 18X
4. Place of Birth (Street and Number)	19 Stockton Street
5. Full Name of Mother	Bridget Leary
6. Mother's Maiden Name	Bridget Manion
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Leary
9. Father's Occupation	Deceased
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mabury Brewer M.D
Address	201 W. Biddle St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Third

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* February 26th

4. *Place of Birth (Street and Number)* No 370 N. Durham st

5. *Full Name of Mother* Anna E. Schultz

6. *Mother's Maiden Name* Turnbull

7. *Mother's Birthplace* Balto City

8. *Full Name of Father* Laurence Schultz

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Kluber M.D

Address No 197 Argyle st

Remarks Premature Birth, lived 24 hours.

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 26th "
4. Place of Birth (Street and Number)	York Av 56
5. Full Name of Mother	Anna Sullan
6. Mother's Maiden Name	Hardemann
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Sullen
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary Hoch
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1300

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 — 11
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	American White
3. Date of Birth	February 26 1875
4. Place of Birth (Street and Number)	West alley 12 &
5. Full Name of Mother	Margaret Miller
6. Mother's Maiden Name	Margaret Gittel
7. Mother's Birthplace	Wittenberg Europe
8. Full Name of Father	George Miller
9 Father's Occupation	Wagon Maker
10. Father's Birthplace	Wittenberg Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Hill
Address	No 48 Holland St Baltimore Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Feb 26th

4. Place of Birth (Street and Number) No 162 South Register St.

5. Full Name of Mother Dora Sigerling

6. Mother's Maiden Name Dora Miller

7. Mother's Birthplace Germany

8. Full Name of Father John Sigerling

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address No 151 East Pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1302

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 26th /75
4. Place of Birth (Street and Number)	No 44 Amity St
5. Full Name of Mother	Mary C. McDermott
6. Mother's Maiden Name	Mary C. Poist
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thos J. McDermott
9. Father's Occupation	Plumber
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A H Saxton MD
Address	343. Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1303

HEALTH DEPARTMENT FEB 27 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	26th feb 1875.
4. Place of Birth (Street and Number)	211. Light St.
5. Full Name of Mother	Kath. Reinhart
6. Mother's Maiden Name	" Haas.
7. Mother's Birthplace	Germany.
8. Full Name of Father	John Reinhart
9. Father's Occupation	Restaurant
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah. Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1304

RETURN OF A BIRTH.

HEALTH DEPARTMENT FEB 27 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 26 Febr 1876

4. Place of Birth (Street and Number) 20 Davis St.

5. Full Name of Mother Mendy Howard

6. Mother's Maiden Name " Horn

7. Mother's Birthplace U. States.

8. Full Name of Father John Howard

9. Father's Occupation Porter

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 13 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 26th February
4. *Place of Birth* (Street and Number) cor of John & Eden St
5. *Full Name of Mother* Alexina Clara Glanville
6. *Mother's Maiden Name* " Fairchilde.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James A. Alley Glanville
9. *Father's Occupation* Collector
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. H. Grayson

Address 18 Fisquilt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Childern

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27 February
4. Place of Birth (Street and Number) Sharp St. No. 321.
5. Full Name of Mother Mary Louisa Lossberg
6. Mother's Maiden Name Mary Louisa Berg.
7. Mother's Birthplace Baltimore
8. Full Name of Father Oscan Lossberg.
9. Father's Occupation Cabnet maker.
10. Father's Birthplace Fulda. Kunhessena

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West St. No. 125.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 27th 1875
4. *Place of Birth (Street and Number)* Butcher Hill
5. *Full Name of Mother* Katharina Feloner
6. *Mother's Maiden Name* Katharina Grok
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Casper Feloner
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hellegeist

Address 182 Monument Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourteenth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 27-1875
4. *Place of Birth (Street and Number)* Madison ave near Boundary Ave
5. *Full Name of Mother* Charlotte Jackson
6. *Mother's Maiden Name* Charlotte Brannen
7. *Mother's Birthplace* Alexandria Va
8. *Full Name of Father* William Jackson
9. *Father's Occupation* at Car Stables
10. *Father's Birthplace* Liverpool England

Name of Medical Attendant, or other Person who makes this Return. C. C. McConnell M.D.

Address 290 Madison ave

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	27th Februar 875
4. Place of Birth (Street and Number)	75. Exeter St.
5. Full Name of Mother	Johanna Ruby
6. Mother's Maiden Name	Gormann
7. Mother's Birthplace	U. Staats.
8. Full Name of Father	Theodor Ruby
9. Father's Occupation	Expressmann
10. Father's Birthplace	U. Staats
Name of Medical Attendant, or other Person who makes this Return.	Rob. Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb 27th '75
4. Place of Birth (Street and Number) 234 Vine St.
5. Full Name of Mother Miranda Davidge
6. Mother's Maiden Name " Saunders
7. Mother's Birthplace Maryland
8. Full Name of Father Thomas Davidge
9. Father's Occupation Cook
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Keller M.D.

Address 89 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Bonn on 27th February. 1875
4. Place of Birth (Street and Number) No. 33 Chatworth st.
5. Full Name of Mother Carolina Bradman.
6. Mother's Maiden Name Carolina Seegfred.
7. Mother's Birthplace König Reich Hanover. Germanie
8. Full Name of Father Martin Seegfreed.
9. Father's Occupation Keeps a store.
10. Father's Birthplace Braunsweig. Germanie.

Name of Medical Attendant, or other Person who makes this Return. Midwife Magdela Burgardth

Address No. 145 Columbia st. near Fremont.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 9.20 o'clock P.M. Feb 25th
4. Place of Birth (Street and Number) Clinton St near Boston
5. Full Name of Mother Mary Crone
6. Mother's Maiden Name Mary Davis
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father Jacob Crone
9. Father's Occupation Carpinder
10. Father's Birthplace York Penna.

Name of Medical Attendant, or other Person who makes this Return. J E Richards M D

Address Clinton St

Remarks Easy and quick labor 3 hour duration

Her two first children were delivered with instruments
The Child & Mother are doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1314

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE

No. of Child of Mother (state whether [redacted] 2d, [redacted])

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 27 Feaberwaur
4. *Place of Birth (Street and Number)* 147 Hill Stritt
5. *Full Name of Mother* Catharina Kropp
6. *Mother's Maiden Name* Catharina Schlämm
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Vieligg Kropp
9. *Father's Occupation* Schmitt
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Stritt

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth February 27th 1875
4. Place of Birth (Street and Number) 184 [illegible] Hill avenue
5. Full Name of Mother Emma R. Reed
6. Mother's Maiden Name " " Mayes
7. Mother's Birthplace 354 North Eutaw St
8. Full Name of Father John J. Reed
9. Father's Occupation Baker
10. Father's Birthplace dont know

Name of Medical Attendant, or other Person who makes this Return. G. L. Taneyhill M.D.

Address 129 W. Biddle St Baltimore

Remarks a large well developed boy.

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1316

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ract Record of Vital Statistics in the City of

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth February 27th 1875
4. Place of Birth (Street and Number) No 110 N. Biddle St
5. Full Name of Mother Margaret J. Wilson
6. Mother's Maiden Name Margaret J. Shafer
7. Mother's Birthplace Pennsylvania
8. Full Name of Father James M. Wilson
9. Father's Occupation Iron Molder
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. C G Lane Tanyhill MD

Address 129 N. Biddle St. Baltimore

Remarks a fine hearty, well developed fellow

1317

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth 27th February

4. Place of Birth (Street and Number) 245 S Bond St

5. Full Name of Mother Anna Elisebetha Schuhmann

6. Mother's Maiden Name Anna Elisebetha Strobel

7. Mother's Birthplace Baltimore

8. Full Name of Father Wilhelm Schuhmann

9. Father's Occupation Labor

10. Father's Birthplace Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Three Children

1. Sex (state whether Male or Female) Male Child
2. Race or Color (if not of the white race) White Child
3. Date of Birth 27 Feby 1875
4. Place of Birth (Street and Number) Baltimore 178 Vine St
5. Full Name of Mother Mary Errert
6. Mother's Maiden Name Mary Cushman
7. Mother's Birthplace England
8. Full Name of Father Thos Henry Errert
9. Father's Occupation Baker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Katharine Sunbach.

Address West Drinkt. St. 439.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Colord No 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord race
3. Date of Birth Feb 27 1875
4. Place of Birth (Street and Number) register St 131 ~~between~~ Baltimore Md
5. Full Name of Mother Anna Boston
6. Mother's Maiden Name Anna Shaw
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wm H Boston
9. Father's Occupation Laberoe
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Lucinday Woolford Midwife

Address No 130 North register St Baltimore Md

Remarks if Every thinge is rouing on this pleas let me no and Shaw me the Defects

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 February 1875
4. Place of Birth (Street and Number)	42 Essex Street East
5. Full Name of Mother	Sarah Elizabeth Gough
6. Mother's Maiden Name	Sarah Elizabeth Gullens
7. Mother's Birthplace	Adams County Penn
8. Full Name of Father	Robert Franklin Gough
9. Father's Occupation	Heater
10. Father's Birthplace	Herford County Md
Name of Medical Attendant, or other Person who makes this Return.	Sarah Gullens
Address	104 Eurley Street East
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Eight Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 February
4. Place of Birth (Street and Number)	82 Lemon Alley
5. Full Name of Mother	Maria Koop
6. Mother's Maiden Name	Maria Hammer.
7. Mother's Birthplace	Pappenburg.
8. Full Name of Father	Henry Koop
9. Father's Occupation	Tailor
10. Father's Birthplace	Diepholz Hanover.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anna Lindner.
Remarks	No 75 S Monroe.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 birth well & [illegible]

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colorde
3. Date of Birth 27 of February
4. Place of Birth (Street and Number) 306 Montgomery St Balt
5. Full Name of Mother Lousia Wilington
6. Mother's Maiden Name Lousia Morris
7. Mother's Birthplace Achmack Co Va
8. Full Name of Father Westly Wilington
9. Father's Occupation Water
10. Father's Birthplace Achmack Co Va

Name of Medical Attendant, or other Person who makes this Return. Lucy Sidney

Address

Remarks

Midwife Lucy Sidney No 45 Peach alley

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 12th

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 7th 1875
4. *Place of Birth (Street and Number)* 1250 Wolf Street
5. *Full Name of Mother* Mary Eiring
6. *Mother's Maiden Name* Mary Eigel
7. *Mother's Birthplace* Germania
8. *Full Name of Father* John Eiring
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 137 S. Wolf St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1324

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	the Third child
1. *Sex (state whether Male or Female)*	Male child
2. *Race or Color (if not of the white race)*	White child
3. *Date of Birth*	February 27th 1875
4. *Place of Birth (Street and Number)*	Baltimore Hanover Street No 358
5. *Full Name of Mother*	Eliza Jane Stewart
6. *Mother's Maiden Name*	Eliza Jane Maguire
7. *Mother's Birthplace*	Dorchester Maryland
8. *Full Name of Father*	John. T. Stewart
9. *Father's Occupation*	Lost Business fishing
10. *Father's Birthplace*	Dorchest — State of Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mariah Potter
Address	Hughes Street No 191
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. child,

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* February 27th 1875.
4. *Place of Birth (Street and Number)* No. 136 Eastern Ave.
5. *Full Name of Mother* Elisabeth Laupus.
6. *Mother's Maiden Name* Elisabeth ~~Laupus~~ Griebel.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Gustav Laupus.
9. *Father's Occupation* Dray Business
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Wolfrum

Address No. 175 South Eden St.

Remarks

1326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Forth child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febr 27
4. Place of Birth (Street and Number)	Geist st 171
5. Full Name of Mother	amile Thriet
6. Mother's Maiden Name	amile Burgner
7. Mother's Birthplace	West consin
8. Full Name of Father	Harman Thrite
9. Father's Occupation	shoe maker
10. Father's Birthplace	Prusha
Name of Medical Attendant, or other Person who makes this Return.	Louisa Kitz
Address	No 12 Patrson Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1327 ~~1902~~

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 27th, 1875
4. Place of Birth (Street and Number)	No 45 Jackson Street, Baltimore City, Md.
5. Full Name of Mother	Mary Tally
6. Mother's Maiden Name	Mary Gratt
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Ogden Tally
9. Father's Occupation	~~Sailor~~ Sailor
10. Father's Birthplace	Baltimore City, Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louisa Bell Cross Midwife
Address	45 Jackson St. Baltimore City, Md
Remarks	

1328 ~~1348~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) geboren 27 Febr 1875 das 4te Kind.

1. Sex (state whether Male or Female) ein Knabe.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth Lebendig.
4. Place of Birth (Street and Number) 54 Portland Straße.
5. Full Name of Mother Katharine Schmicker.
6. Mother's Maiden Name Katharine Schmicke
7. Mother's Birthplace Deutschland.
8. Full Name of Father Charles Becker
9. Father's Occupation Schuhmacher.
10. Father's Birthplace Deutschland.

Name of Medical Attendant, or other Person who makes this Return. Katharina Sunbach

Address West Lorrett St 429.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 27th 1875
4. Place of Birth (Street and Number)	203 Vine St.
5. Full Name of Mother	Anna Theresa Leonard
6. Mother's Maiden Name	Anna T. Giblin
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Leonard
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louis A. Weigel M.D.
Address	Balto. Infirmary. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	February 28th 1875.
4. Place of Birth (Street and Number)	No 15 Chesnut Aly S. Baltimore.
5. Full Name of Mother	Mary Hahn.
6. Mother's Maiden Name	Mary Heichenhorn.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Hahn.
9. Father's Occupation	Laborer in the Ohio-Depot.
10. Father's Birthplace	Bavaria-Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Wagner
Address	No 174 Burgundy-St.
Remarks	None

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 28th 1875
4. *Place of Birth (Street and Number)* Cambridge St. No. 33.
5. *Full Name of Mother* Lizza Wratz
6. *Mother's Maiden Name* Lizza Belk.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Georg Wratz
9. *Father's Occupation* Cadper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 28th 75.
4. Place of Birth (Street and Number)	123 Ensor St
5. Full Name of Mother	Augusta Breidinghaus
6. Mother's Maiden Name	" Schmidt
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Breidinghaus
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rudiger.
Address	134 N. Bond St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 28th 1875
4. Place of Birth (Street and Number) 131 Ridgeley St
5. Full Name of Mother Mary Catherine Bruggy
6. Mother's Maiden Name Mary Catherine Herling
7. Mother's Birthplace Baltimore
8. Full Name of Father John Bruggy
9. Father's Occupation Laborer
10. Father's Birthplace County Clare Ireland

Name of Medical Attendant, or other Person who makes this Return. A. Wol Colburn M.D.

Address 166 S. Paca Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1334

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	February 28th
4. Place of Birth (Street and Number)	144 Dawson Street
5. Full Name of Mother	Juliana Henkel
6. Mother's Maiden Name	Juliana Ritter
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	A. D. Wm Henkel
9. Father's Occupation	Merchant
10. Father's Birthplace	Saxon Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Hand
Address	56 East Mint
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1336

HEALTH DEPARTMENT
MAR 6 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Feb 28 1875
4. Place of Birth (Street and Number) No 12 Ross St
5. Full Name of Mother Mary E Smith
6. Mother's Maiden Name Mosgner
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George C Smith
9. Father's Occupation Shoe Fitter
10. Father's Birthplace Hessen Cassel Germany

Name of Medical Attendant, or other Person who makes this Return. M G Rider

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1336

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 6 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28th Feb 875
4. *Place of Birth (Street and Number)* 52 E. Pratt St.
5. *Full Name of Mother* Lizette Kempbel
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Wuez. U. States.
8. *Full Name of Father* John Kempbel
9. *Father's Occupation* Clark
10. *Father's Birthplace* U. States.

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or ndvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth February 28th 1875.
4. Place of Birth (Street and Number) No. 251. St. Paul St. Baltimore
5. Full Name of Mother Mary E. Hough
6. Mother's Maiden Name Mary Edmonston
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel J. Hough.
9. Father's Occupation Barrister
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Christopher Johnston Mid.

Address No. 82 Franklin St. Ex Parl Avenue

Remarks 1st presentation - Normal in all respects.

[illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (12th) Twelfth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Feb 28th 1875

4. Place of Birth (Street and Number) Balto Johnson St No 129

5. Full Name of Mother Mary Ann Abey

6. Mother's Maiden Name " " Livingston

7. Mother's Birthplace Balto city Federal Hill

8. Full Name of Father Michael Henry Abey

9. Father's Occupation Caulker

10. Father's Birthplace Federal Hill Balto city

Name of Medical Attendant, or other Person who makes this Return. Celestine Conway

Address No ~~13~~ 131 Battery avenue

Remarks [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 21th February 1875. 1st
4. Place of Birth (Street and Number) Dickerry Alley Baltimore MD.
5. Full Name of Mother Sarah Ann Lewis
6. Mother's Maiden Name Sarah Ann Dorell
7. Mother's Birthplace Delaware
8. Full Name of Father James Henry Lewis
9. Father's Occupation Hucster
10. Father's Birthplace Baltimore MD.

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 130 McHenry St Baltimore MD.

Remarks Child and mother are doing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1340

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall repore to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Febuary 28. 1875
4. Place of Birth (Street and Number) 78 Thames St.
5. Full Name of Mother Annie Cole
6. Mother's Maiden Name Annie Connor
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas Cole
9. Father's Occupation Boarding house Keeper.
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jno. J. Sullivan. M.D.

Address 116 Thames St.

Remarks

1341

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child. — Living
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	—
3. Date of Birth	February 28th 1875.
4. Place of Birth (Street and Number)	223 Hamburg St.
5. Full Name of Mother	Margaret Lean.
6. Mother's Maiden Name	Margaret Hanley.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	James Lean.
9. Father's Occupation	Hackman.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall, M.D.
Address	15 S. Sharp St.

Remarks Mother in labor about 3 hrs. Vertex presentation. Child well developed and healthy in appearance.

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1342

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Virginia C. Wright

1. *Sex (state whether Male or Female)* 2nd Child. Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born on the 28. February. 1875
4. *Place of Birth (Street and Number)* No. 28 Chatsworth st Letter
5. *Full Name of Mother* Virginia C. Wright
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Born in Emmetsburg Frederick county Md.
8. *Full Name of Father* Richard George Wright
9. *Father's Occupation* Working in a tobacco
10. *Father's Birthplace* Born in ~~Baltimore~~ Charlestown Jefferson Co. Virginia

Name of Medical Attendant, or other Person who makes this Return. Midwife Magdalena Burgadt.

Address No. 145 Columbia St. near Fremont.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth February 28th 1875
4. Place of Birth (Street and Number) No. 50 Mulberry St.
5. Full Name of Mother Elizabeth Ann Powell
6. Mother's Maiden Name Elizabeth Ann Richardson
7. Mother's Birthplace Baltimore
8. Full Name of Father Nathaniel Powell
9. Father's Occupation Waiter
10. Father's Birthplace Harford co. Md.

Name of Medical Attendant, or other Person who makes this Return. Jane Winnsberger.

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

13414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 February 1875
4. Place of Birth (Street and Number)	Bruss St No 8
5. Full Name of Mother	Kattrin E Swatka
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charls F. Stidel
9. Father's Occupation	Ston Masion
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Sinclair
Address	No 29 Monroe St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1345

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* February 28th 1875
4. *Place of Birth* (Street and Number) No 205 W. Fayette St Baltimore Md.
5. *Full Name of Mother* Catherine Weller
6. *Mother's Maiden Name* Catherine Young
7. *Mother's Birthplace* Hochelheim Germany
8. *Full Name of Father* Michael Weller
9. *Father's Occupation* Horseshoer
10. *Father's Birthplace* Altondenbusch Germany

Name of Medical Attendant, or other Person who makes this Return. Pemberton M. Womble M.D.

Address No 203 W. Lombard St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1346

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (~~state whether~~ Male ~~or Female~~)	
2. Race or Color (if not of the white race)	
3. Date of Birth	28th Feby 1875
4. Place of Birth (Street and Number)	662 W. Fayette St
5. Full Name of Mother	Lizzie Ann Haines
6. Mother's Maiden Name	" " Small
7. Mother's Birthplace	Virginia
8. Full Name of Father	John Joseph Haines
9. Father's Occupation	Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Geo H. Eyster M.D
Address	#1 Waverley Terrace
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 — 0
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	American White
3. Date of Birth	February 28 Th 1875
4. Place of Birth (Street and Number)	Orleans St No 33 Balt Md
5. Full Name of Mother	Mary Kuper
6. Mother's Maiden Name	Mary Flick
7. Mother's Birthplace	Bavr
8. Full Name of Father	Joseph Kuper
9 Father's Occupation	Shoemaker
10. Father's Birthplace	Oldenburg
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ulby
Address	No 48 Holland St Baltimore Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1348

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR 11 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 ~~3~~
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Jewish White
3. Date of Birth	February 28th 1875
4. Place of Birth (Street and Number)	Spring St 137 Baltimore
5. Full Name of Mother	Hannah Buchsbaum
6. Mother's Maiden Name	Hannah Haas
7. Mother's Birthplace	Baden
8. Full Name of Father	Ephream Buchsbaum
9. Father's Occupation	Butcher
10. Father's Birthplace	Bairen Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Alby
Address	No 48 Holland St Baltimore Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1349

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* ~~White~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 February
4. *Place of Birth (Street and Number)* Baltimore Chapel st 47
5. *Full Name of Mother* Rozalia Kapitan
6. *Mother's Maiden Name* Rozalia Lukas
7. *Mother's Birthplace* Wotrič in Boh
8. *Full Name of Father* Anton Kapitan
9. *Father's Occupation* workman
10. *Father's Birthplace* Wotrič in Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kapitan

Address Washington street N 69

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st & 4
1. Sex (state whether Male or Female)	Male child Twin
2. Race or Color (if not of the white race)	Light Brown color
3. Date of Birth	Born Jan 7 1875
4. Place of Birth (Street and Number)	More Alley No 7
5. Full Name of Mother	Kate Davis
6. Mother's Maiden Name	Kate Davis
7. Mother's Birthplace	Charles County Md
8. Full Name of Father	Forey Duckett
9. Father's Occupation	Printing Offices
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary A Lewis
Address	Moore Alley 40
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~1346~~
1357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 5

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 28 Februar
4. Place of Birth (Street and Number) 82 Leadenhall Stritt
5. Full Name of Mother Liesse Haug
6. Mother's Maiden Name Liesse Lion
7. Mother's Birthplace Baltimore
8. Full Name of Father Karl Haug
9. Father's Occupation Seegarren
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharine Münch

Address Leadenhall Stritt

Remarks

1352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) no. 3. th

1. Sex (state whether Male or Female) this. is a Male. child
2. Race or Color (if not of the white race) it of. the. colored. race.
3. Date of Birth Born. January. the. 6. 18.75.
4. Place of Birth (Street and Number) More. Aley. no. 28.
5. Full Name of Mother liselisert nohl.
6. Mother's Maiden Name Mother. Maiden. name. un. non.
7. Mother's Birthplace Mothers. Birthplace. in. washington
8. Full Name of Father name. of. father. un. non.
9. Father's Occupation fathers occupation. un. non.
10. Father's Birthplace fathers. Birthplace. un. non.

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Chew.

Address no 40. More. Aley.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1353

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
20
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 25th 1875
4. *Place of Birth (Street and Number)* 65. E. Washington st.
5. *Full Name of Mother* Anna Felpinger
6. *Mother's Maiden Name* " Ziegler
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Andrew Felpinger
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D.

Address 27. S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White (American)
3. Date of Birth	January 1. 1875
4. Place of Birth (Street and Number)	581 Lexington St.
5. Full Name of Mother	Julia B Walton
6. Mother's Maiden Name	Julia B Kent
7. Mother's Birthplace	Pr. Geo. Co. Md
8. Full Name of Father	H L Walton
9. Father's Occupation	Physician
10. Father's Birthplace	St Marys Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	H L Walton
Address	581 Lexington St. East.
Remarks	

Extract from Register of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1355

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 10th 1875
4. Place of Birth (Street and Number)	363 Sharp st,
5. Full Name of Mother	Charlotte Reddish
6. Mother's Maiden Name	Kelly
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Reddish
9. Father's Occupation	Engineer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

1356

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 11th 1875
4. Place of Birth (Street and Number)	19 Gittings St,
5. Full Name of Mother	Laura J. Tolson
6. Mother's Maiden Name	" " Rollins
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm. H. Tolson
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Costa M.D.
Address	146 Hanover St
Remarks	

RETURN OF A BIRTH.

1357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 12th 1875
4. Place of Birth (Street and Number)	339 William St.
5. Full Name of Mother	Libia Flannegan
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	Maryland
8. Full Name of Father	Patrick Flannegan
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1358

HEALTH DEPARTMENT
MAR 26 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jan 15 1875
4. Place of Birth (Street and Number)	108 William St
5. Full Name of Mother	Laura Beacham
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	Maryland
8. Full Name of Father	Robert Beacham
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Sherdon Cooke M.D.
Address	14 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1359

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 26 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 20
4. *Place of Birth (Street and Number)* 50. Hill st
5. *Full Name of Mother* Virginia Browning
6. *Mother's Maiden Name* " Stein
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Geo. Browning
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M. D.

Address 146 Hanover st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART'T
MAR 26 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Jan 21.
4. Place of Birth (Street and Number)	67 Russell St
5. Full Name of Mother	Horatia Smith
6. Mother's Maiden Name	" Stepney
7. Mother's Birthplace	Maryland
8. Full Name of Father	Emanuel Smith
9. Father's Occupation	Drayman
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ract Record of Vital Statistics in the City of Baltimore.

1361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Jan 29th.
4. Place of Birth (Street and Number)	198 Warren st
5. Full Name of Mother	Sarah J. Fowler
6. Mother's Maiden Name	" Alsop
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Leonard Fowler
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Theodore Bartlett M.D.
Address	146 Hanover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1362

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Feb. 74
4. Place of Birth (Street and Number)	208 N. Howard
5. Full Name of Mother	Georgiana Turner
6. Mother's Maiden Name	Hamilton
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	John Turner
9. Father's Occupation	Watchman in Custom House
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	Theodore Gotch M.D.
Address	146 Hanover st
Remarks	

1363

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Feb. 9th.

4. *Place of Birth (Street and Number)* 30. Covington st

5. *Full Name of Mother* Nancy Mick

6. *Mother's Maiden Name* " Smith

7. *Mother's Birthplace* New Jersey

8. *Full Name of Father* Israel Mick

9. *Father's Occupation* Glass Blower

10. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M. D.

Address 146 Hanover st

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1364

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* ~~84 Hanover st~~ Feb. 18

4. *Place of Birth (Street and Number)* 84 Hanover st

5. *Full Name of Mother* Mary J Baily

6. *Mother's Maiden Name* " " Edwards

7. *Mother's Birthplace* Va

8. *Full Name of Father* Wm J Baily

9. *Father's Occupation* Boarding House Keeper

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return Gordon Goodale M.D.

Address 146 Hanover st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Feb. 23d 11
4. Place of Birth (Street and Number)	64 Hamilton st.
5. Full Name of Mother	Moore
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	Maryland
8. Full Name of Father	Peter Moore
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Bode M.D.
Address	146 Hanover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1366

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
2
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex* (state whether Male or Female) Boy.
2. *Race or Color* (if not of the white race) Black.
3. *Date of Birth* 19 of February 75. 5th A. M.
4. *Place of Birth* (Street and Number) N. 259. Chew Str. Balto.
5. *Full Name of Mother* P. Sams.
6. *Mother's Maiden Name* P. Schorf
7. *Mother's Birthplace* Saxonia Germania
8. *Full Name of Father* H. Sams
9. *Father's Occupation* Cabinet-Maker
10. *Father's Birthplace* Wyrtemberg Germania

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnadt. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1367

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Boi
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	27 of February 1875 10 o'clock P.M.
4. *Place of Birth* (Street and Number)	No 35 Eberl Str. Balt. Co.
5. *Full Name of Mother*	M Dromicky.
6. *Mother's Maiden Name*	M Muchna
7. *Mother's Birthplace*	Mirenic Bohemia
8. *Full Name of Father*	M. Dvornicky
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Markavec Bohemia.
Name of Medical Attendant, or other Person who makes this Return.	Josefina Conrad
Address	No 20 Barnes Str.
Remarks	

1368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 2 1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother state whether 1st, 2d, 3d, &c.) Schnd

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 18th of February 1875
4. *Place of Birth* (Street and Number) No 2d Barnes Str.
5. *Full Name of Mother* M Caspar
6. *Mother's Maiden Name* M. Wisecth.
7. *Mother's Birthplace* Nadykov Bohemia
8. *Full Name of Father* L Caspar
9. *Father's Occupation* Schoemacker
10. *Father's Birthplace* Chyska Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnes Str Balto Md

Remarks

3

1369

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sexth

1. Sex (state whether Male or Female) Boie
2. Race or Color (if not of the white race) Whiete
3. Date of Birth 9th of February 1875 1 A. M.
4. Place of Birth (Street and Number) No 26 Barnes Str.
5. Full Name of Mother A Capralek.
6. Mother's Maiden Name A. Jerousek
7. Mother's Birthplace Welka Bohemia
8. Full Name of Father Jos Capralek
9. Father's Occupation Schoemaker
10. Father's Birthplace Welka Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefiena Conrad

Address No 20 Barnes Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1370

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Subject Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Boy
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	16th of February 75. 9 o'clock P.M.
4. *Place of Birth* (Street and Number)	No 273 Dallas St.
5. *Full Name of Mother*	J. Gekler.
6. *Mother's Maiden Name*	J. Noor
7. *Mother's Birthplace*	Balto Md.
8. *Full Name of Father*	J. Gekler.
9. *Father's Occupation*	Horn-cutter
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Josefine Conrad
Address	No 20 Barnes St.
Remarks	

1371

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 11th of February 75 4 o'clock P. M.

4. Place of Birth (Street and Number) No 20 Barnes Str. Balt. Md.

5. Full Name of Mother B. Panuška

6. Mother's Maiden Name B. Ladek

7. Mother's Birthplace Welešic Bohemia

8. Full Name of Father J. Panuška

9. Father's Occupation Tailor

10. Father's Birthplace Pacif Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnes Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1372

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eighth.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 11th of February 75 2 o'clock P.M.
4. *Place of Birth* (Street and Number) No 1. Barnet Str.
5. *Full Name of Mother* Cath. Vogel
6. *Mother's Maiden Name* Cath. Töpfer.
7. *Mother's Birthplace* Weineck Germ.
8. *Full Name of Father* Bar Vogel
9. *Father's Occupation* Segarmacher
10. *Father's Birthplace* Hessen Ger.

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 21 Barnet Str Baltimore

Remarks

RETURN OF A BIRTH.

1373

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 23rd
4. Place of Birth (Street and Number)	271 William St
5. Full Name of Mother	Celestia Byrn
6. Mother's Maiden Name	Langrill
7. Mother's Birthplace	Maryland
8. Full Name of Father	Saml Byrn
9. Father's Occupation	Page to City Council
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	146 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

8

1374

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Feb 23rd
4. Place of Birth (Street and Number) 226 Sharp
5. Full Name of Mother Minnie Furgesson
6. Mother's Maiden Name " Pyle
7. Mother's Birthplace Baltimore
8. Full Name of Father James F. Furgesson
9. Father's Occupation Clerk
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address 146 Hanover st

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1375

1375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
8
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Cold
3. Date of Birth March 1st
4. Place of Birth (Street and Number) 121 N Front
5. Full Name of Mother Izabella
6. Mother's Maiden Name Garlands
7. Mother's Birthplace Rockbridge Co. Va
8. Full Name of Father Alexander Banks
9. Father's Occupation Laborer
10. Father's Birthplace Hagerstown Md

Name of Medical Attendant, or other Person who makes this Return. S. F. Coyner M.D.

Address 129 N High st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

1376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Withe

3. Date of Birth 1 March

4. Place of Birth (Street and Number) West St. No. 197.

5. Full Name of Mother Margrad ott.

6. Mother's Maiden Name Margrad Hard

7. Mother's Birthplace üsighime Baden

8. Full Name of Father john ott.

9 Father's Occupation Laber

10. Father's Birthplace Bairn.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West St. No. 128.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1377

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 1st 1875
4. *Place of Birth (Street and Number)* 267 E. Pratt st. Balto. city
5. *Full Name of Mother* Jane Most
6. *Mother's Maiden Name* " Scott
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* John Most
9. *Father's Occupation* Millwright
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

1378

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 1 = March 875

4. *Place of Birth* (Street and Number) 76. Central ave.,

5. *Full Name of Mother* Barbara Lotos

6. *Mother's Maiden Name* Forster

7. *Mother's Birthplace* Germany.

8. *Full Name of Father* John Lotos

9. *Father's Occupation* Blacksmit

10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Sarah Jasper

Address 52 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

1380

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
6
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 1st 75
4. Place of Birth (Street and Number)	27 Wauchope St
5. Full Name of Mother	Kate L. Freisch
6. Mother's Maiden Name	" " Wooden
7. Mother's Birthplace	Balto City
8. Full Name of Father	Harry G. Freisch
9. Father's Occupation	Painter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Jno. D. Pennington
Address	210 Franklin St
Remarks	

13.81

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	March 1st 1875
4. Place of Birth (Street and Number)	8 Gelston's Court
5. Full Name of Mother	Adeline Laws
6. Mother's Maiden Name	"
7. Mother's Birthplace	Eastern Shore Md
8. Full Name of Father	Geoge Gould
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Miller Blake
Address	210 Robert St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1382

HEALTH DEPARTMENT
MAR
6
1875
BALTIMORE.

1

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 1st of March 1875

4. Place of Birth (Street and Number) 923 S. Light St.

5. Full Name of Mother Rachel Elizabeth Kennedy

6. Mother's Maiden Name Rachel E. Sunstrom

7. Mother's Birthplace Baltimore City

8. Full Name of Father William J. H. Kennedy

9. Father's Occupation Shipwright

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Conway

Address 131 Battery Avenue

Remarks

RETURN OF A BIRTH.

1383

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 1st 1875
4. Place of Birth (Street and Number) 113 E. Biddle
5. Full Name of Mother Amanda R King
6. Mother's Maiden Name " " Cox
7. Mother's Birthplace Delaware Co Pa
8. Full Name of Father William H King
9. Father's Occupation Carpenter
10. Father's Birthplace Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address #305 N Carrine St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1384

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (if not of the white race) White.

3. Date of Birth March 1st 75

4. Place of Birth (Street and Number) 425 N Calhoun St.

5. Full Name of Mother Julia Ann Ray

6. Mother's Maiden Name Julia Ann Deford.

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Hollis F. Ray.

9. Father's Occupation Clerk.

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address John J. R. Kraus M.D.

Remarks 273 W Lexington St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 1st March
4. Place of Birth (Street and Number) No. 145 Columbia st near Fremont.
5. Full Name of Mother Maria Luthard
6. Mother's Maiden Name Mary Shinthelm
7. Mother's Birthplace Saks Hopborg. Germanie.
8. Full Name of Father Ernest. Luthard.
9. Father's Occupation Baker.
10. Father's Birthplace Saxminiger. Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Magdela Burghardt

Address No. 145 Columbia st. near Fremont.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1st 1875
4. Place of Birth (Street and Number)	N: 229 North Eden St.
5. Full Name of Mother	Susy Virginia Allen
6. Mother's Maiden Name	Susy Virginia Barton
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William P Allen
9. Father's Occupation	Gun Smith
10. Father's Birthplace	Richmond Virginia
Name of Medical Attendant, or other Person who makes this Return.	C. F. Baumann M. D.
Address	N: 187 E. Monument St Baltimore.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

1367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 1
4. Place of Birth (Street and Number)	Stricker near Townsend st
5. Full Name of Mother	Mary Shipley
6. Mother's Maiden Name	Mary Steffe
7. Mother's Birthplace	Balt.
8. Full Name of Father	Stephen Shipley
9. Father's Occupation	Real Estate Broker
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. N. Wilson
Address	251 Madison ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1388

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth March 1 41
4. Place of Birth (Street and Number) East Pratt St. 203. Baltimore.
5. Full Name of Mother Josephene Stowell.
6. Mother's Maiden Name Nichols.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Joseph Stowell
9. Father's Occupation Collector.
10. Father's Birthplace Springfield Massachusetts.

Name of Medical Attendant, or other Person who makes this Return. Dr. L. M. Cockrill

Address 23. S. Broadway.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born—its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Th 75

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth March 1 75

4. Place of Birth (Street and Number) 89 McElderry St

5. Full Name of Mother Francis Handloser

6. Mother's Maiden Name Melhner

7. Mother's Birthplace Germania

8. Full Name of Father Lorenz Handloser

9. Father's Occupation Grocer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1390

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 1st 1875
4. Place of Birth (Street and Number)	12 N. ~~Fra~~ Fredrik St
5. Full Name of Mother	Marie Siegel
6. Mother's Maiden Name	Küntzle
7. Mother's Birthplace	Wurttemberg, Germany
8. Full Name of Father	William Siegel
9. Father's Occupation	Tavern Keeper
10. Father's Birthplace	Wurttemberg, Germany
Name of Medical Attendant, or other Person who makes this Return.	Gustavus Liebmann m.d.
Address	58 N. Front St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, is [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White
3. Date of Birth March 2d., 3½ o, clock. A.m.,
4. Place of Birth (Street and Number) No 13 Bartlett Street,
5. Full Name of Mother Emma V. Lilly,
6. Mother's Maiden Name Cox.,
7. Mother's Birthplace Virginia,
8. Full Name of Father Frank A Lilly
9. Father's Occupation Brakeman on B & O.R.R.,
10. Father's Birthplace Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Lewis H. Alderdice

Address No. 15 McHenry Street.

Remarks Child born in good physical condition & living,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1392

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth (9)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 2nd

4. Place of Birth (Street and Number) #288 Bank St.

5. Full Name of Mother Harriet A. Myers

6. Mother's Maiden Name Harriet A Adams

7. Mother's Birthplace Virginia

8. Full Name of Father John H. Myers

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel H Garrett

Address 77 St Luzerne St.

Remarks

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1393

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) " "
3. Date of Birth March 2nd
4. Place of Birth (Street and Number) 89 E. Fayette st.
5. Full Name of Mother Hannah. Jane.
6. Mother's Maiden Name Thompson
7. Mother's Birthplace Harford Co. Md.
8. Full Name of Father William. Edwards. Albough
9. Father's Occupation Merchant
10. Father's Birthplace Fredrick City. Md.

Name of Medical Attendant, or other Person who makes this Return. D. T. Coyner M.D.

Address 129 N. High st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1394

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth,

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 2nd March 1875.
4. *Place of Birth (Street and Number)* No 48 S Eden st Balto city Md
5. *Full Name of Mother* Mary Mitchel More Dorsey
6. *Mother's Maiden Name* Mary Mitchel More Mitchel
7. *Mother's Birthplace* Balto city Md
8. *Full Name of Father* Ezekiel Salsbury Dorsey
9. *Father's Occupation* Book Keeping,
10. *Father's Birthplace* Balto city Md,

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M D

Address No 121. E Balto st Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1395

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Brown
3. *Date of Birth* March 2nd
4. *Place of Birth (Street and Number)* N. Howard St
5. *Full Name of Mother* Marcy Ringold.
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Unknown
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. John Dickson M.D.

Address 26 Madison Avenue

Remarks Health Child Labor Natural

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1396

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* March 2d, 1875.

4. *Place of Birth* (Street and Number) Monument St. above Chester

5. *Full Name of Mother* Barbara Gaeble

6. *Mother's Maiden Name* Kline

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry Gaeble

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R Rudiger

Address 134 N. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2nd 1875
4. *Place of Birth (Street and Number)* No 172 Front Street
5. *Full Name of Mother* Ellen Kerns
6. *Mother's Maiden Name* Ellen Calahan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Bernard Kerns
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Born in America

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegast

Address 182 Monument Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

1398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 2nd
4. *Place of Birth (Street and Number)*	No 4 Plowman
5. *Full Name of Mother*	Annie Fitzsimmons
6. *Mother's Maiden Name*	Molloy
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Richard Fitzsimmons
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D. A. McCormick
Address	No 234 N. Exeter St
Remarks	City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) —
3. Date of Birth March 2nd 1875
4. Place of Birth (Street and Number) 502 Penna Ave
5. Full Name of Mother Amelia Eisel
6. Mother's Maiden Name " " Wolfart
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father George Eisel
9. Father's Occupation Butcher
10. Father's Birthplace Hesse Germany

Name of Medical Attendant, or other Person who makes this Return. (Mrs Anna Mesenzehl)

Address (Midwife) 214 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 2 ~~Feb~~ March 75
4. Place of Birth (Street and Number) 299 W. Lombard St
5. Full Name of Mother Johanna W. Nicolai
6. Mother's Maiden Name Johanna W. Guth
7. Mother's Birthplace Schwerin (Germany)
8. Full Name of Father Henry Nicolai
9. Father's Occupation Merchant (Class)
10. Father's Birthplace Dresden Germany

Name of Medical Attendant, or other Person who makes this Return. W. H. Heldmann Sr

Address 120 Pearl St. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth March 2nd 1875
4. Place of Birth (Street and Number) 225 Hamburg St
5. Full Name of Mother Laura Jane Fisher
6. Mother's Maiden Name Vansant
7. Mother's Birthplace Balto city
8. Full Name of Father Edward James Fisher
9. Father's Occupation Bricklayer
10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. J A S Henney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2nd 1875.
4. *Place of Birth (Street and Number)* # 326 Fayette St
5. *Full Name of Mother* Cornelia Caulk
6. *Mother's Maiden Name* Cornelia White
7. *Mother's Birthplace* Cecil Co Maryland
8. *Full Name of Father* Columbus D Caulk
9. *Father's Occupation* Manager for Sewing Machine Co
10. *Father's Birthplace* Delaware City Del

Name of Medical Attendant, or other Person who makes this Return. Dr A Bell Wells

Address 161 So Sharp St

Remarks Physical Condition of Child Good

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 2. cd. 1875.
4. Place of Birth (Street and Number)	No 228. Eager Street.
5. Full Name of Mother	Elisabeth Trenkamp
6. Mother's Maiden Name	Elisabeth Frohle.
7. Mother's Birthplace	Lohne in Oldenburg.
8. Full Name of Father	Frank Trenkamp
9. Father's Occupation	
10. Father's Birthplace	Lohne in Oldenburg.
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt.
Address	No 209. Monument Street cor. of Central Av.
Remarks	

RETURN OF A BIRTH.

1404

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eight.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 1te 2nd. 1875.
4. Place of Birth (Street and Number)	No 145 N. Spring St.
5. Full Name of Mother	Caroline Killmaier.
6. Mother's Maiden Name	Caroline Bucher.
7. Mother's Birthplace	Bokmanor Amt. Baden.
8. Full Name of Father	Conrad. Killmaier.
9. Father's Occupation	Taylor.
10. Father's Birthplace	Prussen.
Name of Medical Attendant, or other Person who makes this Return.	No 209. Monument Street. Cor. Centralav.
Address	M. H. Butt.
Remarks	

RETURN OF A BIRTH.

1405

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
8
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (~~state whether Male or Female~~)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3d
4. Place of Birth (Street and Number)	336 Saratoga St
5. Full Name of Mother	Anna Eliza Granberry
6. Mother's Maiden Name	Anna Eliza Ponto
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wm H. Granberry
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Alley Jenkins
Address	148 Mulberry St
Remarks	Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 8 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3d.
4. Place of Birth (Street and Number)	Henrietta St. 221.
5. Full Name of Mother	Christine Lakinglow
6. Mother's Maiden Name	Beich
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Lakinglow
9. Father's Occupation	
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Hirsh
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1407

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 3rd 1875
4. *Place of Birth (Street and Number)* No 275 Central Avenue
5. *Full Name of Mother* Eliza Kerman
6. *Mother's Maiden Name* Eliza Schreiber
7. *Mother's Birthplace* Germany
8. *Full Name of Father* W. Kerman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address No 182 Monument Street

Remarks

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1408

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d~*, 3d, &c.) 3d

1. *Sex* (*state whether ~~Male or~~ Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* March 3th 1875
4. *Place of Birth* (*Street and Number*) 35 Bunnie st
5. *Full Name of Mother* Mrs. Mary Forman
6. *Mother's Maiden Name* Mary Loftus
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Valentine Forman
9. *Father's Occupation* Conductor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. B. Griffith

Address 117 Madison Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 11

RETURN OF A BIRTH.

1409

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth March 3 1875
4. Place of Birth (Street and Number) South Schappel str
5. Full Name of Mother Louise Morgareth
6. Mother's Maiden Name Louise Brügemann
7. Mother's Birthplace Bramsse Hanofer
8. Full Name of Father Herrmann Morgareth
9. Father's Occupation Dressmaker
10. Father's Birthplace Oldenburg Germania

Name of Medical Attendant, or other Person who makes this Return. Johanna Raupah

Address No 28 South Wolfstr Midwife

Remarks

RETURN OF A BIRTH.

1410

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 3rd 1875
4. Place of Birth (Street and Number) No 121 Dallas St
5. Full Name of Mother Lizetta Meiner
6. Mother's Maiden Name Lizetta Unger
7. Mother's Birthplace Germany
8. Full Name of Father August Meiner
9. Father's Occupation Laborer
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Mrs. McDonald
Address No 127 Wolf St
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Yte
3. Date of Birth 8th March
4. Place of Birth (Street and Number) Raw Street No 86.
5. Full Name of Mother Philippine Beck
6. Mother's Maiden Name Langenberg heim G. H.
7. Mother's Birthplace
8. Full Name of Father F. G. Wiedemann.
9. Father's Occupation Carpenter
10. Father's Birthplace Paghthausen K. Wirtemberg

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1412

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth 3th of March 1875.
4. Place of Birth (Street and Number) No 86 South Ridgely Str.
5. Full Name of Mother Johanna Reiser.
6. Mother's Maiden Name Johanna Barthelomew.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Georg William Reiser.
9. Father's Occupation Barber.
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ann Wagner

Address No 184 Burgundy Str.

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1413

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth March 3rd 1875
4. Place of Birth (Street and Number) No 144 Sant Ann st
5. Full Name of Mother Henrietta Krieg
6. Mother's Maiden Name " Robertson
7. Mother's Birthplace City
8. Full Name of Father William Krieg
9. Father's Occupation Laborer
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs C Bushman

Address 120 Bank st

Remarks

1414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 3rd 75
4. Place of Birth (Street and Number) 256 S. Eutaw S.
5. Full Name of Mother Amalia Rennert
6. Mother's Maiden Name Amalia Brack
7. Mother's Birthplace Herleshausen (Hessen).
8. Full Name of Father Henry George Rennert
9. Father's Occupation Tailor
10. Father's Birthplace Schoenerstaedt (Saxon)

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs M. Streng

Remarks Lidenhale Street No. 32.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1415

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 3rd 1875
4. Place of Birth (Street and Number) 336 N Broadway
5. Full Name of Mother Emma S Gladson
6. Mother's Maiden Name " " Haley
7. Mother's Birthplace Northampton Co Va
8. Full Name of Father Andrew J Gladson
9. Father's Occupation Lieutenant of Police
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address 305 N Caroline St

Remarks

1416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	African
3. Date of Birth	March 3d 1876
4. Place of Birth (Street and Number)	Balt. city Md, Mantgomery St # 315
5. Full Name of Mother	Sarah Stewart
6. Mother's Maiden Name	Sarah Thompson
7. Mother's Birthplace	Prince George's Co Md
8. Full Name of Father	Asthur Stewart
9. Father's Occupation	oysters opener
10. Father's Birthplace	Baltis city Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Chase Midwife
Address	Mrs Mary Chase Ricketts court No 4
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1417

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 J.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* March 9th 1875.
4. *Place of Birth* (Street and Number) No 148 Burgundy Str.
5. *Full Name of Mother* Mary Wagner.
6. *Mother's Maiden Name* Mary Rittel.
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Frederick Wagner.
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Bavaria Germany.

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Wagner.

Address No 174 Burgundy Str.

Remarks none.

RETURN OF A BIRTH.

14-18

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
10
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 3 1875
4. *Place of Birth (Street and Number)* S.E. Cor Poppleton & Hollins St.
5. *Full Name of Mother* Jennie King
6. *Mother's Maiden Name* Jennie Kratz
7. *Mother's Birthplace* Balto Co Md.
8. *Full Name of Father* Geo. King
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Balto. City Md.

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer M.D.

Address 379 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 3rd
4. Place of Birth (Street and Number)	77 Moore's Al
5. Full Name of Mother	Rachel Johns
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J. E. Atkinson
Address	209 W. Biddle St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1420

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) two

1. Sex (state whether Male or Female) Boi
2. Race or Color (if not of the white race) Weith
3. Date of Birth 4th March
4. Place of Birth (Street and Number) 77 Thames
5. Full Name of Mother Teofila Weber
6. Mother's Maiden Name Teofila Filipowska
7. Mother's Birthplace in Golanc Kr. Wongrowiec
8. Full Name of Father Stanislaw Filipowski.
9. Father's Occupation Lebel work man
10. Father's Birthplace i Losinsec by Thocken Kr. Wongrowiec

Name of Medical Attendant, or other Person who makes this Return.

Address Cecylia Zygaj 77 Thames St.

Remarks chirl is very well.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Loi
2. Race or Color (if not of the white race) Weith
3. Date of Birth 4 th March
4. Place of Birth (Street and Number) in Filper St.
5. Full Name of Mother Josefa Stohmann
6. Mother's Maiden Name " Stachowski
7. Mother's Birthplace in Derebush by Shocken
8. Full Name of Father Andr. Stachowski
9. Father's Occupation Lebel work man
10. Father's Birthplace Znin

Name of Medical Attendant, or other Person who makes this Return. 77 Thames St. Cerylja Zygaj

Address

Remarks Cheild is very wel

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1422

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

(state whether Male or Female) Female

e or Color (if not of the white race) White Race

e of Birth born March the 4th 1875

ce of Birth (Street and Number) born in baltimore on hamburg st No 1 hundred

Name of Mother Lucasa Rupal

her's Maiden Name Lucasa Jones

her's Birthplace Baltimore

l Name of Father William Rupal

her's Occupation Carpenter

her's Birthplace Baltimore

me of Medical Attendant, or other Person who makes this Return. Mary Anderson

ldress No 92 hamburg street

marks Child born alive and well and doing well Mother well also

RETURN OF A BIRTH.

1123

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th
4. Place of Birth (Street and Number)	E. Pete St. No 85
5. Full Name of Mother	Mary Willmer
6. Mother's Maiden Name	Vogt
7. Mother's Birthplace	Prussia
8. Full Name of Father	William Willmer
9. Father's Occupation	Lock Smith
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Krop
Address	325 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1424

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 May. March
4. Place of Birth (Street and Number)	Willard St. No. 225.
5. Full Name of Mother	josafin foyt.
6. Mother's Maiden Name	josafin Tabling
7. Mother's Birthplace	Gloucester Co
8. Full Name of Father	John Foyt
9 Father's Occupation	Saler.
10. Father's Birthplace	Stirlay.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin.
Address	West St. No. 128.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 4th 1875
4. Place of Birth (Street and Number)	329 Homburg Street
5. Full Name of Mother	Louise Stölting
6. Mother's Maiden Name	Louise Vogt
7. Mother's Birthplace	Germany
8. Full Name of Father	Herman Adolph Stölting
9. Father's Occupation	Germany
10. Father's Birthplace	M. Streng
Name of Medical Attendant, or other Person who makes this Return.	No 32 Leadenhall
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1426

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 4th 1875
4. Place of Birth (Street and Number)	235 Lee St
5. Full Name of Mother	Sophia Elizabeth Selby (Dean)
6. Mother's Maiden Name	
7. Mother's Birthplace	Howard Co Md
8. Full Name of Father	Cealicus William Selby
9. Father's Occupation	Engineer B & O R R
10. Father's Birthplace	Howard Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Jos. E. Clague M.D.
Address	18 S. Eutaw St
Remarks	Husband & wife 1st Cousins.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1427

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) th
3. Date of Birth 4 of March 1875
4. Place of Birth (Street and Number) Block St No. 66
5. Full Name of Mother Winnifred Daby
6. Mother's Maiden Name Winnifred Lyons
7. Mother's Birthplace Ireland
8. Full Name of Father Michael C. J. Daby
9. Father's Occupation Laborer
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel.

Address No. 208 South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1428

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th March
4. Place of Birth (Street and Number)	No 47. Johnson st
5. Full Name of Mother	Mary Dolan
6. Mother's Maiden Name	Mary Dolan before she was married
7. Mother's Birthplace	Irland
8. Full Name of Father	W. J. Dolan
9. Father's Occupation	Shipcarpenter
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Nash
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
9
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First. – Living.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	—
3. Date of Birth	March 4th 1875.
4. Place of Birth (Street and Number)	65 Battery Av.
5. Full Name of Mother	Mary C. Winter.
6. Mother's Maiden Name	Mary C. Arnold.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Fredk. C. Winter
9. Father's Occupation	Processor.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 S. Sharp St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 9 1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 4th 1875
4. Place of Birth (Street and Number)	123 Battery Avenue
5. Full Name of Mother	Emeline Buckeman
6. Mother's Maiden Name	Emeline Molloy
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Chas Buckeman
9. Father's Occupation	Can Shaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Conaway
Address	
Remarks	

1431

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th of March 1875.
4. Place of Birth (Street and Number)	Preston St. No. 129
5. Full Name of Mother	Mary E. Elliott
6. Mother's Maiden Name	Mary E Clary.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John A Elliott
9. Father's Occupation	Letter Carrier
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	No. 7 Federal St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1432

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Collord

3. Date of Birth 4 of March the 1874

4. Place of Birth (Street and Number) Mc dough Street 270

5. Full Name of Mother Alis ~~jones~~ Neal

6. Mother's Maiden Name alis jones

7. Mother's Birthplace Easton Shore Snow hill

8. Full Name of Father John thomas neil

9. Father's Occupation Porter

10. Father's Birthplace North Carlinum

Name of Medical Attendant, or other Person who makes this Return. Rotte William

Address 770 Chesnut Street

Remarks Mother Child during well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1433

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 7th Child

1. Sex (state whether Male or Female) a Son.
2. Race or Color (if not of the white race) White
3. Date of Birth 4th of March 1875
4. Place of Birth (Street and Number) No 117 Ladenhall st.
5. Full Name of Mother Caroline Schmidt
6. Mother's Maiden Name Kramer.
7. Mother's Birthplace Germana
8. Full Name of Father Friedrich Schmidt.
9. Father's Occupation Cooper.
10. Father's Birthplace Germana.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address No 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

14434

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 4th 1875
4. *Place of Birth* (Street and Number) No 216 Harford Ave
5. *Full Name of Mother* Mary Shisler
6. *Mother's Maiden Name* Mary Long
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Shisler
9. *Father's Occupation* Resterant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address No 182 Monument Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1435

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 4th 1875
4. Place of Birth (Street and Number) No 1 Sommerset street
5. Full Name of Mother Ellen Busch
6. Mother's Maiden Name Ellen Hollin
7. Mother's Birthplace Ireland
8. Full Name of Father John Busch
9. Father's Occupation Cigarmaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address No 1-82 Monument street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
6
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	March 4th
4. *Place of Birth* (Street and Number)	284 n. Eau street
5. *Full Name of Mother*	Maria Stehman
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Wurtenbourgh Germany
8. *Full Name of Father*	August Stehman
9. *Father's Occupation*	Sewer and Waterman
10. *Father's Birthplace*	Wurtenbourgh Germany
Name of Medical Attendant, or other Person who makes this Return.	Jacob Wenzel
Address	56 Fort Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1437

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1875
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 4th 1875
4. Place of Birth (Street and Number) 461 Eutaw Place
5. Full Name of Mother Hannah Cahn
6. Mother's Maiden Name Hannah Ullman
7. Mother's Birthplace Baden Germany
8. Full Name of Father Bernard Cahn
9. Father's Occupation Wholesale Liquor Dealer.
10. Father's Birthplace Grand Duchy Hesse Germany

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Hamble M.D.

Address No 203 W. Lombard St. Baltimore Md.

Remarks

1438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4th of March 75
4. Place of Birth (Street and Number) 6 Fountain St.
5. Full Name of Mother Katharine Lang
6. Mother's Maiden Name " Reitz
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael Lang
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Mathieu, M.D.

Address 245 E. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1439

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 4th 1875
4. *Place of Birth (Street and Number)* 35 Hanover st
5. *Full Name of Mother* Anna Dust
6. *Mother's Maiden Name* Homestete
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Baldsborough Dust
9. *Father's Occupation* moulder
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Benson MD

Address 114 Hanover st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1440

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 5
4. Place of Birth (Street and Number)	411 Franklin St.
5. Full Name of Mother	Sarah Taylor
6. Mother's Maiden Name	Sarah Forney
7. Mother's Birthplace	Balto
8. Full Name of Father	John D. Taylor
9. Father's Occupation	Superintendent Post Offices
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address	251 Madison Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th 1875
4. Place of Birth (Street and Number)	417 Franklin St.
5. Full Name of Mother	Sarah Ann Demuth
6. Mother's Maiden Name	Mc Kee
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Henry Demuth
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1442

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	5th inst
4. Place of Birth (Street and Number)	101 Penl St.
5. Full Name of Mother	Rose Ann Loney
6. Mother's Maiden Name	" " McLaughlin
7. Mother's Birthplace	Maryland
8. Full Name of Father	Louis Henry Loney
9. Father's Occupation	Butcher
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. Miller M.D.
Address	87 S. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1443

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Mch 5th
4. Place of Birth (Street and Number) 221 Preston St
5. Full Name of Mother Margaret Lanzel
6. Mother's Maiden Name " " Cook
7. Mother's Birthplace Howard Co Md
8. Full Name of Father Terry Lanzel
9. Father's Occupation Brickmaker
10. Father's Birthplace Baltimore Cty

Name of Medical Attendant, or other Person who makes this Return. Dr Wm Anheim

Address 192 Pearl St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 5 1875
4. Place of Birth (Street and Number) 311 East Biddle St
5. Full Name of Mother Ann Donnelly
6. Mother's Maiden Name Ann Lynch
7. Mother's Birthplace County Clare Ireland
8. Full Name of Father Michael Donnelly
9. Father's Occupation Laborer
10. Father's Birthplace County Clare Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm H Diffenderffer

Address No 1 South High St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1445

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March the 5th 1875

4. Place of Birth (Street and Number) No 250. Bond St. bet. Madison & Chews Sts

5. Full Name of Mother Mary Lucas

6. Mother's Maiden Name Mary Batgee

7. Mother's Birthplace New Zerrask (Bocheimion)

8. Full Name of Father Anthon Lucas.

9. Father's Occupation

10. Father's Birthplace Cotzerrad. Bocheimion

Name of Medical Attendant, or other Person who makes this Return. Mary A. Burt

Address No 209 Monument St. Cor. of Central Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th
4. Place of Birth (Street and Number)	Sharp St. ~~266~~ 271
5. Full Name of Mother	Elizebeth Burk
6. Mother's Maiden Name	Willers Swansen
7. Mother's Birthplace	Hessen Darm Stadt
8. Full Name of Father	Martin Burk
9. Father's Occupation	Hardware Storekeeper
10. Father's Birthplace	Hessendarm Stadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Hirsh
Address	328 S Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1447

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 5th
4. Place of Birth (Street and Number) Cross St 292
5. Full Name of Mother Magerethe Sybol
6. Mother's Maiden Name Leibolt
7. Mother's Birthplace Baden
8. Full Name of Father George Sybol
9. Father's Occupation Confectioner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kron

Address 328 S Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1448

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 5th of March 75
4. Place of Birth (Street and Number) 252 Alice Anna 2d door east of S. Anna
5. Full Name of Mother Helene ~~Ellenbrock~~ v. d. Heyde
6. Mother's Maiden Name Helene Ellenbrock
7. Mother's Birthplace Osnabrück (Hannover)
8. Full Name of Father Arnold v. d. Heyde
9. Father's Occupation Forekeeper
10. Father's Birthplace Alphaus (Hannover)

Name of Medical Attendant, or other Person who makes this Return. J. Feathien, M.A.

Address 245 S. Bottom.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1449

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Dark
3. *Date of Birth* March 6
4. *Place of Birth* (Street and Number) 72 N. Spring st
5. *Full Name of Mother* Gearzeanna Butler
6. *Mother's Maiden Name* Gearzeanna Williams
7. *Mother's Birthplace* Balto
8. *Full Name of Father* James Butler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto

Name of Medical Attendant or other Person who makes this Return. Alace Chaplin

Address 32 N. Eden st

Remarks Well & Hearty

1450

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Third

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth March 5th
4. Place of Birth (Street and Number) No 161, N. Front st.
5. Full Name of Mother Alice Kline
6. Mother's Maiden Name Murgatroyd
7. Mother's Birthplace Balto City
8. Full Name of Father Maurice Kline
9. Father's Occupation Blacksmith
10. Father's Birthplace Holland, Europe

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Kluebos M.D.

Address No 197 Aisquith st

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4 6 th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 4 5 1875
4. Place of Birth (Street and Number) Hamburg St No 262
5. Full Name of Mother Rather A Grey
6. Mother's Maiden Name Jeningings
7. Mother's Birthplace Anne Arundel County
8. Full Name of Father John Grey
9. Father's Occupation Fabian
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Susan E Armby

Address No 201 Hamburg St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1432

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 5th
4. *Place of Birth (Street and Number)* Cross St 412
5. *Full Name of Mother* Louise Nicholaus
6. *Mother's Maiden Name* Zenk
7. *Mother's Birthplace* Lakover. Germany.
8. *Full Name of Father* John Nicholous
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Baiern

Name of Medical Attendant, or other Person who makes this Return. Mary Gluth

Address 328 S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1453

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th
4. Place of Birth (Street and Number)	Sharp St. 202
5. Full Name of Mother	Adeline Weller
6. Mother's Maiden Name	Klaude
7. Mother's Birthplace	Prussia
8. Full Name of Father	Henry Weller
9. Father's Occupation	Grocery Storekeeper
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Keon
Address	328 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1454

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	March 5th 1875
4. Place of Birth (Street and Number)	67 Pearce st
5. Full Name of Mother	Rebecca Pinkney
6. Mother's Maiden Name	Lewis
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jno. H. Johnson
9. Father's Occupation	Waiter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Gilman M.D.
Address	192 Saratoga
Remarks	Female Child Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

1466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th =
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	5th März 875.
4. Place of Birth (Street and Number)	51. Granby St.
5. Full Name of Mother	Kath. Klaser
6. Mother's Maiden Name	" Simon
7. Mother's Birthplace	Germany
8. Full Name of Father	John Klaser
9. Father's Occupation	Schomaker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Fefuary 5. 1875
4. Place of Birth (Street and Number) Canton avenue 2711
5. Full Name of Mother Lizabeth Roda
6. Mother's Maiden Name Lizabeth Hugons
7. Mother's Birthplace Virginia
8. Full Name of Father Charles Roda ~~[illegible]~~
9. Father's Occupation Riger
10. Father's Birthplace Rostoc Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mary Conner 158 Choptank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 3

1. Sex (state whether Male or Female) White Male Child
2. Race or Color (if not of the white race) ~~[illegible]~~
3. Date of Birth Friday March 5th
4. Place of Birth (Street and Number) Wecker St No 2
5. Full Name of Mother Ellen McIntyre
6. Mother's Maiden Name Ellen Trancha
7. Mother's Birthplace County Cavan Ireland
8. Full Name of Father Patrick McIntyre
9. Father's Occupation Labourer
10. Father's Birthplace County Cavan Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula S Chrismer

Address No 129 E Monument St. ~~[illegible]~~

Remarks Child's Name William Patrick McIntyre

Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Mch. 5th 75
4. Place of Birth (Street and Number) 195 N. Howard St.
5. Full Name of Mother Vista Schryver
6. Mother's Maiden Name " Steel
7. Mother's Birthplace Circleville Ohio
8. Full Name of Father James Schryver
9. Father's Occupation Gen. Ticket Agt. B.O.R.R.
10. Father's Birthplace Circleville Ohio

Name of Medical Attendant, or other Person who makes this Return. W. H. Crim

Address N. E. Cor. Paca & Fayette St City

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5th 1875
4. Place of Birth (Street and Number)	No 149 - Montgomery St
5. Full Name of Mother	Mary Redman
6. Mother's Maiden Name	Mary Hammel
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jas Redman
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble Md
Address	17 Warren St

Remarks This Child is only of 7 Months Utero Gestat-ion very small will not weigh more than 1½ Lbs.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1460

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negro
3. Date of Birth March 5th 1875
4. Place of Birth (Street and Number) 53 Oxford St
5. Full Name of Mother Mary Ann Shorter
6. Mother's Maiden Name Mary Ann Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Shorter
9. Father's Occupation Drayman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. L.E. Hutchinson

Address 209 W. Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 5th 1875
4. Place of Birth (Street and Number) 108 Pine St
5. Full Name of Mother Emma E. Miller
6. Mother's Maiden Name " " Libbels
7. Mother's Birthplace Balto
8. Full Name of Father Charles Miller Jr
9. Father's Occupation Sea Captain
10. Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Penson MD

Address 144 Hanover St

Remarks

Extract Regulations of the [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 5th 1875
4. *Place of Birth (Street and Number)* No 14 Wilhelm St Baltimore Md
5. *Full Name of Mother* Sarah Ann Price
6. *Mother's Maiden Name* Sarah Ann Sayers
7. *Mother's Birthplace* New York city U S A
8. *Full Name of Father* William Lovett Price
9. *Father's Occupation* carpenter
10. *Father's Birthplace* Baltimore county state of maryland

Name of Medical Attendant, or other Person who makes this Return. Rosa Anderson

Address no 4 Dorsey St

Remarks this family is in want of food

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health, Relating to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1463

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth March 5th
4. Place of Birth (Street and Number) 221 S. Wolf St
5. Full Name of Mother Marie Seitz
6. Mother's Maiden Name Marie Amrein
7. Mother's Birthplace Darmstadt
8. Full Name of Father Johann Seitz
9. Father's Occupation Labor
10. Father's Birthplace Beiern

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No. 289 S Bond St

Remarks

14-64

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 9 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* West 5. Marg.
4. *Place of Birth (Street and Number)* West St. No. 255.
5. *Full Name of Mother* Mary. Foster
6. *Mother's Maiden Name* Mary. Manes.
7. *Mother's Birthplace* Richmond
8. *Full Name of Father* Henry. Foster.
9. *Father's Occupation* Laborer. Cart.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Martin.

Address West, St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health, [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 12

1465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth March 5 1875
4. Place of Birth (Street and Number) South Hobson No ~~115~~ 52
5. Full Name of Mother Josephine Sebres
6. Mother's Maiden Name Josephine Vogel
7. Mother's Birthplace Baltimore City
8. Full Name of Father Albert Sebres
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Johanna Rauruch

Address No 28 South Hobson

Remarks Midwife

1466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 5th of March
4. Place of Birth (Street and Number) Baltimore. No. 22 Ramsey st
5. Full Name of Mother Mary Conley
6. Mother's Maiden Name Mary Powers
7. Mother's Birthplace Ireland.
8. Full Name of Father Isaac S. Conley
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharine Sinbach.

Address West Lorette st 439.

Remarks

Extract Regulations of the Board of Health, Relating to Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1467

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth 5th March 1875
4. Place of Birth (Street and Number) 171. Hollins Street
5. Full Name of Mother Agnes Linton Ensor
6. Mother's Maiden Name Agnes Linton
7. Mother's Birthplace Maine
8. Full Name of Father Jesse Albert Ensor
9. Father's Occupation Painter
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Eyster MD

Address #1 Waverley Terrace

Remarks

Extract Regulations of the Board of Health to secure a [illegible]

[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAR 8 1875

HEALTH DEPARTMENT BALTIMORE MAR 8 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th of March 1875.
4. *Place of Birth (Street and Number)* Lexington Str. № 56
5. *Full Name of Mother* Elizabeth Virginia Gerke
6. *Mother's Maiden Name* E. V. Lisle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ch. Gerke
9. *Father's Occupation* Farrier
10. *Father's Birthplace* Minden (Hannover)

Name of Medical Attendant, or other Person who makes this Return. Fred. Kefs, M. D.

Address 52 N. Exeter Str.

Remarks Healthy and very well developed

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name and residence of the parents, and the maiden name of the mother of such child or children.

1469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th of March 1875
4. Place of Birth (Street and Number)	183 Eastern av
5. Full Name of Mother	Margaretha Miller
6. Mother's Maiden Name	Margaretha Smith
7. Mother's Birthplace	Germany
8. Full Name of Father	August Miller
9. Father's Occupation	Upholster
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Lederer
Address	23 S Durham Street
Remarks	

Extract Regulations of the Board of Health, relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1470

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 5th March
4. Place of Birth (Street and Number) 154 N. Dallas St
5. Full Name of Mother Mary Elizabeth Kepler
6. Mother's Maiden Name " " Arnold
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William P. Kepler
9. Father's Occupation Bell Hanger
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Ann Rebecca Lloyd

Address

Remarks Child Died within one hour after Birth in Spasms

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1471

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race)

3. Date of Birth 6th Marr 875

4. Place of Birth (Street and Number) 28 Bank St.

5. Full Name of Mother Barbara Lutsh

6. Mother's Maiden Name " Ekhart

7. Mother's Birthplace Germany.

8. Full Name of Father John Lutsh

9. Father's Occupation cartriber

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

RETURN OF A BIRTH.

1472

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 5th

1. Sex (state whether Male or Female) Female healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on, the 6th of March 1875
4. Place of Birth (Street and Number) No. 85 Frederick Avenue Balto.
5. Full Name of Mother Lizzie Eilingsfelt
6. Mother's Maiden Name Lizzie Bayer
7. Mother's Birthplace Baltimore County Maryland
8. Full Name of Father John Eilingsfelt
9. Father's Occupation Sattler
10. Father's Birthplace Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No. 57 Smallwood Street Balto.

Remarks

Extract Regulations of the Board of Health to secure a [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

14-73

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2nd

1. *Sex (state whether Male or Female)* Male healthe Child

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* born on the 6th of March in the Year of our Lord 1875

4. *Place of Birth (Street and Number)* No 217 Frederick Avenue Balto.

5. *Full Name of Mother* Emma Beacon

6. *Mother's Maiden Name* Emma Jons

7. *Mother's Birthplace* in the City of Baltimore

8. *Full Name of Father* Charles H. Beacon

9. *Father's Occupation* Sheep Butcher

10. *Father's Birthplace* born in the City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood Street Baltimore

Remarks

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. Twins 1474 1475

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.) Twins 1st Children

1. Sex (state whether Male or Female) Male (both)
2. Race or Color (if not of the white race) "
3. Date of Birth March 6th 1875
4. Place of Birth (Street and Number) No 6 N. Green Street
5. Full Name of Mother Kate A. Winter
6. Mother's Maiden Name Kate A. Kennedy
7. Mother's Birthplace Baltimore City
8. Full Name of Father Frank Winter
9. Father's Occupation Boot & Shoe Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James H. Butler M.D.

Address 144 Mulberry St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Sixth day of March.
4. Place of Birth (Street and Number) S.W. Corner of Carrollton Ave & Lombard
5. Full Name of Mother Frederick Helene Zwanzger
6. Mother's Maiden Name — — Brewing
7. Mother's Birthplace Cor. Warner Street & Burgundy
8. Full Name of Father Jno. L. Zwanzger
9. Father's Occupation Druggist
10. Father's Birthplace Light Street, Cor York St.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler

Address 60 North Schroder St.

Remarks

Extract Regulations of the Board of Health to [illegible]

[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1477

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth March 6th
4. Place of Birth (Street and Number) 225 S. Bethel St
5. Full Name of Mother Barbara Graff
6. Mother's Maiden Name Barbara Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Jakob Graff
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1478

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 6. 1875
4. Place of Birth (Street and Number) 163 Republican
5. Full Name of Mother Sibbie F. Garber
6. Mother's Maiden Name Sibbie F Mallon
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry S. Garber
9. Father's Occupation Livery stable Keeper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Webstaf

Address 57. Barrett

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1479

HEALTH DEPARTMENT
MAR 13 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) ~~White~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 6th 1875
4. Place of Birth (Street and Number) #251 N Central avenue
5. Full Name of Mother Sarah Elizabeth Schaeffear
6. Mother's Maiden Name " " Chrisall
7. Mother's Birthplace Baltimore City
8. Full Name of Father William J. Schaeffear
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address #305 N Caroline St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1480

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 6 1875
4. Place of Birth (Street and Number) 198 McCullough St
5. Full Name of Mother Frances Anne Lanahan
6. Mother's Maiden Name Reeder
7. Mother's Birthplace Balto City
8. Full Name of Father Samuel Jackson Lanahan
9. Father's Occupation Merchant
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. L. Lee Mass M.D.

Address 134 Sharp St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1481

RETURN OF A BIRTH.

3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	2 d
1. *Sex* (state whether *Male* or *Female*)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	the 6th of March 1875
4. *Place of Birth* (Street and Number)	No. 614 E Pratt Street
5. *Full Name of Mother*	Barbara Günther
6. *Mother's Maiden Name*	Barbara Fetsch
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joseph Günther
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace*	France
Name of Medical Attendant, or other Person who makes this Return.	Mary Lederer
Address	23 S Durham Street
Remarks	

Extract Regulations of the Board of Health in relation to the registration and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1482

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 6th 1875
4. Place of Birth (Street and Number)	No 152 Madeira Alley
5. Full Name of Mother	Magareth Bardell
6. Mother's Maiden Name	" Zanetz
7. Mother's Birthplace	Germany
8. Full Name of Father	George C. Bardell
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank str.
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1483

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 6th 1875
4. Place of Birth (Street and Number)	No 145 S. Regester str
5. Full Name of Mother	Valeria B. Arnst
6. Mother's Maiden Name	" " Sowbieskie
7. Mother's Birthplace	Danzig. Saxony. Europe
8. Full Name of Father	Otto L. Arnst
9. Father's Occupation	Locksmith
10. Father's Birthplace	Danzig Saxony Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank str
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1484

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first (1st)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 6th
4. Place of Birth (Street and Number)	29 178 Harford Ave
5. Full Name of Mother	Laura Virginia Minter
6. Mother's Maiden Name	Laura Virginia Clark
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Henry Minter
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A Minter
Address	178 Harford Ave
Remarks	

1485

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro

3. Date of Birth March 6th 1875

4. Place of Birth (Street and Number) Lerew Al.

5. Full Name of Mother Lizzie Wright

6. Mother's Maiden Name " Carter

7. Mother's Birthplace Baltimore

8. Full Name of Father Martin Wright

9 Father's Occupation Waiter

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner M. D.

Address 131 Mulberry St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 6th of March 75
4. Place of Birth (Street and Number) S.W. Corn. of Register, & Bank Sts.
5. Full Name of Mother Martha Blume
6. Mother's Maiden Name Martha Rouse
7. Mother's Birthplace Balty
8. Full Name of Father Albert Blume
9. Father's Occupation Restaurant
10. Father's Birthplace Hanover (Germany)

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Heathien M.D.
245 S. Baltimore St.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1487

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth March 6th 1875
4. Place of Birth (Street and Number) N. Spring St. No. 13
5. Full Name of Mother Friederike Hauser
6. Mother's Maiden Name Friederike Hauser
7. Mother's Birthplace Baltimore City
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address No. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11te Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 6th 1875
4. *Place of Birth* (Street and Number) S. High St. No, 127
5. *Full Name of Mother* Johanna E. Stallknecht
6. *Mother's Maiden Name* Johanna E. Hallerzitter
7. *Mother's Birthplace* Nordhausen N. Preussen Germany
8. *Full Name of Father* Ernst A. Stallknecht
9. *Father's Occupation* none
10. *Father's Birthplace* Nordhausen N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No, 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1489

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth 6 of March. 1875
4. Place of Birth (Street and Number) 140 Aliquith St.
5. Full Name of Mother M. E. Sickel.
6. Mother's Maiden Name M. E. Oith.
7. Mother's Birthplace Baltimore City.
8. Full Name of Father L. D. Sickel.
9. Father's Occupation Confectionery.
10. Father's Birthplace Baltimore. M. D.

Name of Medical Attendant, or other Person who makes this Return. Miss Walter.

Address 145 North Caroline St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1490

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 6th
4. Place of Birth (Street and Number)	Baltimore Md. Montgomery st 131
5. Full Name of Mother	Mrs. Rebecca Hoffman
6. Mother's Maiden Name	Rebecca Shone
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Jake E Hoffman
9. Father's Occupation	iron moulder
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizebeth Scarborough
Address	202 South Charles st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1491

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 7th 1875
4. Place of Birth (Street and Number)	242 E Lombard St
5. Full Name of Mother	Catherine Jane Mash
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thomas E Mash
9. Father's Occupation	Shoe Store
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Lederer
Address	23 S Durham St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1492

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR 9 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Thomas Herbert Fee

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Mar 7
4. Place of Birth (Street and Number)	82 S Mount St
5. Full Name of Mother	Ellen Fee
6. Mother's Maiden Name	Ellen Enick
7. Mother's Birthplace	Balt Co
8. Full Name of Father	Jacob Fee
9. Father's Occupation	Expressman
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	H M Wilson
Address	251 Madison Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White 〃
3. Date of Birth	March 7th 〃
4. Place of Birth (Street and Number)	140 Eutaw St.
5. Full Name of Mother	Georgia Harrington
6. Mother's Maiden Name	Georgia Kenton
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Harrington
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Conner 153 Chapel St.
Address	
Remarks	

RETURN OF A BIRTH.

1494

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 7th 1875.
4. *Place of Birth* (Street and Number)	947 Calhoun St
5. *Full Name of Mother*	Laura Hoffman
6. *Mother's Maiden Name*	Laura Gorsuch
7. *Mother's Birthplace*	Balto County
8. *Full Name of Father*	John R. Hoffman
9. *Father's Occupation*	Merchant.
10. *Father's Birthplace*	Reading Pa.
Name of Medical Attendant, or other Person who makes this Return.	L. R. Ohler M.D.
Address	284 W. Fayette St
Remarks	

1495

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 7th 1875
4. Place of Birth (Street and Number)	445 W Fayette st
5. Full Name of Mother	Catharine McMannus
6. Mother's Maiden Name	Catharine Daily
7. Mother's Birthplace	Ireland
8. Full Name of Father	Terns McMannus
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	John L Pennington
Address	210 Franklin st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1,496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	mulatto.
3. Date of Birth	2nd March 1876.
4. Place of Birth (Street and Number)	Canton. Clinton Street No 11.
5. Full Name of Mother	Philippine Kupferberg
6. Mother's Maiden Name	Reisig
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Adam Kupferberg
9. Father's Occupation	Painting
10. Father's Birthplace	Canton.
Name of Medical Attendant, or other Person who makes this Return.	Anna Simmon.
Address	Canton, Caroll Street No 115.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colored
3. Date of Birth 7th March 1875
4. Place of Birth (Street and Number) Raborg. W. No. 69
5. Full Name of Mother Sarah A. Wilson
6. Mother's Maiden Name Sarah A. Commodore
7. Mother's Birthplace Anne Arundel County
8. Full Name of Father George W. Wilson
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Thomas Sappington M.D.

Address No. 70 Center St.

Remarks The child is in a healthy condition

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 7th 1875
4. *Place of Birth* (Street and Number) E. Lombard St. No 228
5. *Full Name of Mother* Mary F. Dolen
6. *Mother's Maiden Name* Mary F. McDonnel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Patrick E. Dolen
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1499

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th
4. Place of Birth (Street and Number)	S. Green St. 144
5. Full Name of Mother	Katy ~~Dickhour~~ Eichman
6. Mother's Maiden Name	Katy Sauer
7. Mother's Birthplace	Hessen darm Stadt
8. Full Name of Father	George Eichman
9. Father's Occupation	Saylor
10. Father's Birthplace	Hessen darm Stadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Knop
Address	328 S. Eutaw St
Remarks	

1500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 14th 1875
4. *Place of Birth* (Street and Number) No 14 Liddle alley
5. *Full Name of Mother* Tinnie Sinder.
6. *Mother's Maiden Name* Tinnie Heck.
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* George Sinder,
9. *Father's Occupation* Huckster.
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dinad Hillegeist

Address No 182 East Monument Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1501

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Boie.

2. Race or Color (if not of the white race) White.

3. Date of Birth 7th day of March 1875 11 o'clock P. M.

4. Place of Birth (Street and Number) Cigar Str. No 272.

5. Full Name of Mother D. Scherf.

6. Mother's Maiden Name D. Mc Laughlin

7. Mother's Birthplace Germany.

8. Full Name of Father Ch. F. Scherf

9. Father's Occupation Segarmacker.

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad.

Address No 20. Barnes Str. Balto.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1502

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7th 1875
4. Place of Birth (Street and Number)	357 Franklin St
5. Full Name of Mother	Anna Paine
6. Mother's Maiden Name	Post
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert M. Paine
9. Father's Occupation	Clerk
10. Father's Birthplace	Richmond Va.
Name of Medical Attendant, or other Person who makes this Return.	J. H. C. Cuddy.
Address	363 Franklin St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

Twins 1503
1504

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 13 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th & 5th
1. Sex (state whether Male or Female)	Twins. male & female
2. Race or Color (if not of the white race)	
3. Date of Birth	7th March 875.
4. Place of Birth (Street and Number)	174 Henrietta St.
5. Full Name of Mother	Anne Tivelbeck
6. Mother's Maiden Name	" Roese
7. Mother's Birthplace	Germany
8. Full Name of Father	John Tivelbeck
9. Father's Occupation	Grocer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cusper
Address	52 E. Lombard St.
Remarks	

...act Regul... of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1505

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 7th of March 1875

4. Place of Birth (Street and Number) High St 34

5. Full Name of Mother Maggie Chaillou

6. Mother's Maiden Name Maggie Reason

7. Mother's Birthplace Baltimore

8. Full Name of Father J H Chaillou

9. Father's Occupation Saler

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Magruder

Address Broad St No 16

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1506

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd 3 3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Col'd
3. Date of Birth	March 9th
4. Place of Birth (Street and Number)	34 Chirster
5. Full Name of Mother	Anna M Lancaster
6. Mother's Maiden Name	Anna M Crane
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Lancaster
9. Father's Occupation	Farmer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Foos
Address	Madison Street Co
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7, 1875
4. Place of Birth (Street and Number)	256 South Charles St
5. Full Name of Mother	Julia Johnson
6. Mother's Maiden Name	Julia Foxwell
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Johnson
9. Father's Occupation	Machinist
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D.
Address	17 Hanover St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7th 1875
4. Place of Birth (Street and Number)	No 166 Montgomery St
5. Full Name of Mother	Anna Coulter
6. Mother's Maiden Name	Anna Kerr
7. Mother's Birthplace	Maryland
8. Full Name of Father	Robt Coulter
9. Father's Occupation	Carpenter
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	H C Noble M D
Address	17 Warren St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth Mch 7th 1875
4. Place of Birth (Street and Number) 353 Franklin St.
5. Full Name of Mother Jane Crooke
6. Mother's Maiden Name " McClure
7. Mother's Birthplace Balto Md
8. Full Name of Father Richd. Crooke
9. Father's Occupation Sergt. Police W Dist.
10. Father's Birthplace Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. H. H. Crim

Address N. E. Cor. Paca & Fayette City.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1510

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR 9 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7th 1875
4. Place of Birth (Street and Number)	Park Avenue No 159
5. Full Name of Mother	Mary Silghman Wyatt
6. Mother's Maiden Name	Mary Silghman Gilmor
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Hollingsworth Wyatt
9. Father's Occupation	Lawyer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler M D
Address	135 North Charles st
Remarks	

1511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 8th 1875
4. Place of Birth (Street and Number)	51 S Durham St.
5. Full Name of Mother	Kunigunta Smith
6. Mother's Maiden Name	Kunigunta Denlein
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernhard Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Lederer
Address	23 S Durham St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 8th 1875. 7.15. A. M.
4. *Place of Birth (Street and Number)* No 70 S. Eden st.
5. *Full Name of Mother* Laura Virginia Walker
6. *Mother's Maiden Name* " " Freeman
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Nathaniel Collin Walker
9. *Father's Occupation* Sea Captain
10. *Father's Birthplace* Kingston Jamaica

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D

Address 27 N. Broadway

Remarks

1513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth March 8th 1875. 12. 5. A. M.

4. Place of Birth (Street and Number) No 403 Aliceanna st

5. Full Name of Mother Margareth Kagen

6. Mother's Maiden Name " Caton

7. Mother's Birthplace Baltimore City

8. Full Name of Father Michael Kagen

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschnd.

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1514

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 8th 1875
4. *Place of Birth (Street and Number)* 189 S Spring st.
5. *Full Name of Mother* Christina Horst
6. *Mother's Maiden Name* " Lenz
7. *Mother's Birthplace* Umstadt Germany
8. *Full Name of Father* Conrad Horst
9. *Father's Occupation* Cutler
10. *Father's Birthplace* Hessen Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Banks st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Rachael Gordon
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	~~of~~ March 8th 1875
4. Place of Birth (Street and Number)	Richmond Street alley in
5. Full Name of Mother	Rach. L Gordon
6. Mother's Maiden Name	" "
7. Mother's Birthplace	St Mary's Co Md
8. Full Name of Father	——— Illegitimate
9. Father's Occupation	——— "
10. Father's Birthplace	———
Name of Medical Attendant, or other Person who makes this Return.	C. B. Gamble M D
Address	40 Richmond Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1516

HEALTH DEPARTMENT
MAR 17 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth March 8th 1875
4. Place of Birth (Street and Number) No 161 Pa Avenue
5. Full Name of Mother Margaret E Schaffer
6. Mother's Maiden Name " " Hachtel
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Henry Schaffer
9. Father's Occupation Cabinet-Maker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W G Rider M D

Address 87 N Thering St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 8 March 1875
4. Place of Birth (Street and Number) Gilmore St. near Fayette
5. Full Name of Mother Rose Hammond
6. Mother's Maiden Name Rose Walsh
7. Mother's Birthplace Balt
8. Full Name of Father Henry I. Hammond
9. Father's Occupation Merchant
10. Father's Birthplace U. A. Co. Md

Name of Medical Attendant, or other Person who makes this Return. H R Stalton

Address No 581 Lexington St.

Remarks (Labor normal)

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 8th 1875
4. Place of Birth (Street and Number)	No 81 Sterling st Baltimore Md.
5. Full Name of Mother	Anna Gardner.
6. Mother's Maiden Name	Anna McKenzie,
7. Mother's Birthplace	Ireland Coty Derry
8. Full Name of Father	John Gardner
9. Father's Occupation	Hunter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	S. Ridgway Andre M D
Address	No 121 E. Balto st Md
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Col
3. Date of Birth	8th inst
4. Place of Birth (Street and Number)	85 Arch St
5. Full Name of Mother	Manda Dassa
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	
9. Father's Occupation	The child is illegitimate
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return	Dr W. Antrim
Address	192 Pearl St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1520

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth March th 8 1875
4. Place of Birth (Street and Number) park Anne Corner Hoffman Street
5. Full Name of Mother Anna dolman
6. Mother's Maiden Name Anna Harris
7. Mother's Birthplace Anapolas Md
8. Full Name of Father William dolman
9. Father's Occupation Coach man
10. Father's Birthplace Born in British

Name of Medical Attendant, or other Person who makes this Return. Hester Ann Bordley Dr

Address 85 Orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) M
2. Race or Color (if not of the white race)
3. Date of Birth March 9th
4. Place of Birth (Street and Number) 80 Park St City
5. Full Name of Mother Sally White
6. Mother's Maiden Name Adams
7. Mother's Birthplace Baltimore
8. Full Name of Father Jewett White
9. Father's Occupation Clerk
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Richardson Sherry M.D.

Address 189 N Howard St

Remarks Forceps Delivery on acc. of protracted labor

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1522

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 8th 1875
4. Place of Birth (Street and Number)	No 395 N. Gay St
5. Full Name of Mother	Maggie Beierlein
6. Mother's Maiden Name	" " Gaugh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Beierlein
9. Father's Occupation	Cigar Manufactory
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Keller
Address	No 151 East Pratt St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex (state whether Male or Female) Mädchen.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth 8 d. März 1875.
4. Place of Birth (Street and Number) O. Donell Str. Canton
5. Full Name of Mother Marie Eliesabeth Dorn
6. Mother's Maiden Name Feldmann
7. Mother's Birthplace Oldenburg. Deutschland.
8. Full Name of Father Anton Dorn
9. Father's Occupation Farmer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address Canton. Curlly Str. No 118.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1524

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether [redacted], *3d, &c.)*

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 8 März
4. *Place of Birth (Street and Number)* 26 Schanzen Strit
5. *Full Name of Mother* Sophia Weißbrot
6. *Mother's Maiden Name* Sophia Meier
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Conrad Weißbrot
9. *Father's Occupation* Kupfer
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 8th of march 1875
4. Place of Birth (Street and Number) 94 Chester st
5. Full Name of Mother Mrs Laura Hopkins
6. Mother's Maiden Name Laura Matthews
7. Mother's Birthplace Ellicott City
8. Full Name of Father Charles E Hopkins
9. Father's Occupation Ship Joiner
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley [illegible]

Address 12 Paterson Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 15 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* March 8th 1875 at 7 A M

4. *Place of Birth (Street and Number)* No 406 East Lombard St, Balt. Md

5. *Full Name of Mother* Mary R Walter

6. *Mother's Maiden Name* Mary R Long

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Wm T Walter

9. *Father's Occupation* Baggage Master

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary Atwell

Address 279 McDonough St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1527

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child Boy

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth 8th of March 1875
4. Place of Birth (Street and Number) No 7. Burgundy St
5. Full Name of Mother Mrs Wilhelm
6. Mother's Maiden Name Lally Lands
7. Mother's Birthplace Baltimore
8. Full Name of Father John Wilhelm
9. Father's Occupation Labor
10. Father's Birthplace philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mary Mazarenne

Address [illegible] No 10.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1528

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 8th 1875
4. Place of Birth (Street and Number) No. 30 N. Gist str
5. Full Name of Mother Mary Ciese
6. Mother's Maiden Name " Shoenhoeffer
7. Mother's Birthplace City
8. Full Name of Father Lenard Ciese
9. Father's Occupation Butcher
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Bushmann

Address 120 Bank str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1529

HEALTH DEPARTMENT
MAR
13
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 8th 1875
4. *Place of Birth (Street and Number)* No 183 Carrollton Avenue Baltimore City
5. *Full Name of Mother* Lizzie Virginia Zoller
6. *Mother's Maiden Name* Lizzie Virginia McLane
7. *Mother's Birthplace* Morgantown Monongalia County West Virginia
8. *Full Name of Father* Henry Zoller
9. *Father's Occupation* Wholesale Grocer
10. *Father's Birthplace* Allegheny City Allegheny County Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Wokible M. D.

Address No 213 W. Lombard St. Baltimore City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Collard
3. Date of Birth	March the 8th 1875.
4. Place of Birth (Street and Number)	No. Madison alley bet. Bly. & Madison St.
5. Full Name of Mother	Sahra Willmore
6. Mother's Maiden Name	Sahra Dorcey.
7. Mother's Birthplace	Eastern Shore
8. Full Name of Father	George Willmore
9. Father's Occupation	—
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary A. Butt
Address	No 209 Monument St. Cor. of Central Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth March 8th 10½ A.M.
4. Place of Birth (Street and Number) 71½ S. Bond St.
5. Full Name of Mother Mary Heaphy
6. Mother's Maiden Name Mary Crowley
7. Mother's Birthplace Balto. City
8. Full Name of Father Patrick Heaphy
9. Father's Occupation Clerk
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. C. Edward Miller M.D.

Address 143 S. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Sixth Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* Monday March 8th 1875
4. *Place of Birth (Street and Number)* No 321 N. Durham St.
5. *Full Name of Mother* Mary F Galamison
6. *Mother's Maiden Name* Mary F Scheland
7. *Mother's Birthplace* Baltimore City State of Maryland
8. *Full Name of Father* Charles C. Galamison
9. *Father's Occupation* A Caulker
10. *Father's Birthplace* Baltimore City State of Maryland

Name of Medical Attendant, or other Person who makes this Return. Ann R. Lloyd Midwife

Address No 340 N. Chapel Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 7

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 7th 1875
4. Place of Birth (Street and Number) Baltimore City No 2 Hager Court
5. Full Name of Mother Henrieta Sharp
6. Mother's Maiden Name Henrieta ~~[illegible]~~ Stolens
7. Mother's Birthplace Tollott County
8. Full Name of Father Willima Sharp
9. Father's Occupation Oyster Shucker
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mrs Ursula S Chrismer

Address No 129 E Monument St

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1534

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar. 8th 75. 9 A. M.
4. Place of Birth (Street and Number)	29 Fawn St
5. Full Name of Mother	Margaret E. Phillips
6. Mother's Maiden Name	Baker
7. Mother's Birthplace	Georgetown
8. Full Name of Father	Charles Phillips
9. Father's Occupation	Painter.
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	Henry T. Reynolds M.D
Address	186 Aisquith St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 7th
1. Sex (state whether Male or Female)	Male Still born
2. Race or Color (if not of the white race)	White
3. Date of Birth	born March 8th 1875
4. Place of Birth (Street and Number)	Garisan Lane Balto. County
5. Full Name of Mother	Maria Horst
6. Mother's Maiden Name	Marie Heidelbach
7. Mother's Birthplace	Hessendarmstadt Germania
8. Full Name of Father	Ernst Horst
9. Father's Occupation	Butcher
10. Father's Birthplace	Hanover Germania
Name of Medical Attendant, or other Person who makes this Return.	Lizzie Killar
Address	No 57 Spallwood St. Balto.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1536

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 8th 1875
4. Place of Birth (Street and Number)	No 136 Williams St
5. Full Name of Mother	Catharine Hayward
6. Mother's Maiden Name	Catharine Filchner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robt Hayward
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Robb M.D
Address	17 Warren St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1537

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 9 [illegible]
4. Place of Birth (Street and Number)	No 4 Irvin place
5. Full Name of Mother	Mary Lewis Sapp
6. Mother's Maiden Name	Wright
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Sapp
9. Father's Occupation	Foreman of men of Rail Road
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. S. Mahon
Address	[illegible]
Remarks	193 S Charles St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 9th 1875
4. Place of Birth (Street and Number)	No. 217 S. Paca Street.
5. Full Name of Mother	Caroline Keilholtz
6. Mother's Maiden Name	Caroline Benson.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Keilholtz
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Dania Goodman.
Address	No 458. W. Lexington Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1539

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child.

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) of the White race.
3. *Date of Birth* ~~No. 132 Pine Street.~~ 9th of March.
4. *Place of Birth* (Street and Number) No 132 Pine St
5. *Full Name of Mother* Louisa Pflaum
6. *Mother's Maiden Name*
7. *Mother's Birthplace* born in Riveria Kingthum.
8. *Full Name of Father* Christian Pflaum
9. *Father's Occupation* Hostler
10. *Father's Birthplace* born in Britten Brandnick of Sweden

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Teresa Eigelding

Address No 14 Union Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 9th 1875
4. Place of Birth (Street and Number)	No. 336 Canton Ave.
5. Full Name of Mother	Julie A. Smith
6. Mother's Maiden Name	" Emery
7. Mother's Birthplace	Germany
8. Full Name of Father	George Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15441

To the Office of Registrar of Vital Statistics, Board of Hea

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourteenth (14th)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 9th 1875
4. Place of Birth (Street and Number) #353 E. Eager St
5. Full Name of Mother Bridget Byrnes
6. Mother's Maiden Name " McCarey
7. Mother's Birthplace County Longford Ireland
8. Full Name of Father Joseph Byrnes
9. Father's Occupation Carver & Guilder
10. Father's Birthplace City Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address #305 N. Caroline St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1542

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
13
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 9th 1875
4. Place of Birth (Street and Number)	423 Hanover St.
5. Full Name of Mother	Catharine F. Kirkwood
6. Mother's Maiden Name	Nee Woodward
7. Mother's Birthplace	Howard Co. Md
8. Full Name of Father	Joseph Kirkwood
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover Barre St
Remarks	Robust

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record by Vital Statistics in the City of Baltimore.

1543

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 9th 1875
4. Place of Birth (Street and Number)	70 Portland St
5. Full Name of Mother	Barbara Reinheimer
6. Mother's Maiden Name	" " Pinkler
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Theodore Reinheimer
9. Father's Occupation	Elvr Operator
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	Annie Riesenach (Midwife)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1 1875
4. *Place of Birth (Street and Number)* Baltimore City, Cor. Johnson Harford Ave
5. *Full Name of Mother* Mary Mallon
6. *Mother's Maiden Name* Mary Hart
7. *Mother's Birthplace* Irelant
8. *Full Name of Father* John Mallon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Nicholas Chrisman

Address No 119 E Monument St

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 9th 1875
4. *Place of Birth* (Street and Number) Lexington 1473
5. *Full Name of Mother* Sarah Elizabeth Lewis
6. *Mother's Maiden Name* Sarah Elizabeth Garner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Lewis
9. *Father's Occupation* Hucksters
10. *Father's Birthplace* Baltimore

Name of Medical Attendant or other Person who makes this Return. E. C. Baldwin M. D.

Address 124 N. Eutaw

Remarks

1546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 9th 1875
4. Place of Birth (Street and Number)	398 Mulberry street
5. Full Name of Mother	Meriah A Foster
6. Mother's Maiden Name	Meriah A English
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	William S Foster
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Henry Darling M D
Address	143 Mulberry street
Remarks	face presentation

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1547

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 22 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) American (white)
3. *Date of Birth* March 9th 1875
4. *Place of Birth* (Street and Number) 235 George st
5. *Full Name of Mother* Susie Mary Hanaway
6. *Mother's Maiden Name* " " Reilly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Henry Hanaway
9. *Father's Occupation* Dry Goods Merchant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. W H Carey M.D.

Address 318 N Fremont st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 9th 75
4. *Place of Birth (Street and Number)* 23 George St.
5. *Full Name of Mother* Mary Cosse
6. *Mother's Maiden Name* Mary McClellan
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Joseph Henry Cross
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. H. Keller MD

Address 89 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1549

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth March 9 th
4. Place of Birth (Street and Number) Tounden St No 33
5. Full Name of Mother Anna Maria Buttner
6. Mother's Maiden Name Anna Maria Eitzner
7. Mother's Birthplace Erlenbach
8. Full Name of Father Kasper Buttner
9. Father's Occupation Schoemaker
10. Father's Birthplace Oberfun

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1550

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR 17 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* colrd

3. *Date of Birth* March 9th

4. *Place of Birth (Street and Number)* No 270 Caroline St

5. *Full Name of Mother* Johanne Elise Conradine Tardelmann

6. *Mother's Maiden Name* Johanne Elise Conradine Hurlyen

7. *Mother's Birthplace* Bremen

8. *Full Name of Father* Johann Friedrich Heinrich Tardelmann

9. *Father's Occupation* Labor

10. *Father's Birthplace* Bremen

Name of Medical Attendant, or other Person who makes this Return. Reginal Heidlage

Address No 289 S. Wood St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1537

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~) .....

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 9th 1875
4. *Place of Birth* (Street and Number) 98 S. Schroeder St
5. *Full Name of Mother* Ella Melville
6. *Mother's Maiden Name* Ella McGovern
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Melville
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. D. L. Shiver M.D.

Address 379 W. Lombard St

Remarks .....

RETURN OF A BIRTH.

1532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 12 1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 10th 1875.
4. *Place of Birth* (Street and Number) Carrollton Ave. No 96.
5. *Full Name of Mother* Corinne Anderson.
6. *Mother's Maiden Name* Mary Corinne Cannon.
7. *Mother's Birthplace* Louisianna.
8. *Full Name of Father* C. Clifford Anderson.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Geo C Ogle, M.D.

Address No 229 Cary St.

Remarks

RETURN OF A BIRTH.

1353

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3rd Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Ethiopian / Colored

3. Date of Birth March 10th 1875

4. Place of Birth (Street and Number) No. 81 Oxford Street near Penn Ave

5. Full Name of Mother Amelia Thomas

6. Mother's Maiden Name Amelia Dutton

7. Mother's Birthplace Carroll Co. Maryland

8. Full Name of Father John L Thomas

9 Father's Occupation Cooker)

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Fannie Dutton Midwife

Address No. 84 Saint Mary's Street Balto.

Remarks

The Child is living and will appear to be Physically Sound

Great Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1534

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10th 1875
4. Place of Birth (Street and Number)	41 N Liberty Street
5. Full Name of Mother	Carrie Kroner
6. Mother's Maiden Name	" Heck
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Fredrick Kroner
9. Father's Occupation	Tin & Sheet iron worker
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Martin Zeh Md
Address	No 75 S. Bond Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of, Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.) first

1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 10th 1875
4. Place of Birth (Street and Number) No 7 New Church St.
5. Full Name of Mother Jemima. Carroll
6. Mother's Maiden Name " " Gorsuch
7. Mother's Birthplace Warren. Balto Co. Md.
8. Full Name of Father Jacob Carroll
9. Father's Occupation Laborer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st Child of Annie E Stewart

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Born the 7th of March
4. *Place of Birth* (Street and Number) in Baltimore No 60 Walker St
5. *Full Name of Mother* Allice Stewart
6. *Mother's Maiden Name* Allice Sanders
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Berry Stewart
9. *Father's Occupation* Driver
10. *Father's Birthplace* Tarrytown Maryland

Name of Medical Attendant, or other Person who makes this Return. Cathrine Sawyer

Address No 214 Dover St Baltimore

Remarks

1557

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3rd Child Mary L Mc Loyd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born the 7th of March
4. *Place of Birth (Street and Number)* 9a South Eutaw St Baltimore Md
5. *Full Name of Mother* Lizzie Mc Loyd
6. *Mother's Maiden Name* Lizzie Adams
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Laurence Mc Loyd
9. *Father's Occupation* Ship yard Work
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Catherine Sawyer

Address 214 Lee St Baltimore

Remarks

RETURN OF A BIRTH.

1558

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14th 1875
4. Place of Birth (Street and Number)	Holland Al. No. 12 Baltimore
5. Full Name of Mother	Catherine Craven
6. Mother's Maiden Name	Catherine Crawley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Craven
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Catherine Mitchell
Address	No. 88 Parkin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1559.

HEALTH DEPARTMENT
MAR 16 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the thirt

1. Sex (state whether Male or Female) Male healthe Cheld
2. Race or Color (if not of the white race) white
3. Date of Birth born the 10th of March in the Year of our Lord 1875
4. Place of Birth (Street and Number) Frederich Avenue Balto. County
5. Full Name of Mother Emma Snepp
6. Mother's Maiden Name Emma Masberger
7. Mother's Birthplace born in Balto. County Maryland
8. Full Name of Father Charles H. Snepp
9. Father's Occupation Pork Butcher
10. Father's Birthplace born in Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No. 57 Smallwood Street, Baltimore

Remarks

rect Reco... ...ital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 10th March 1875
4. Place of Birth (Street and Number) 279 Ramsay St.
5. Full Name of Mother Elisabeth Barnes
6. Mother's Maiden Name Baum
7. Mother's Birthplace Baltimore Co., Md.
8. Full Name of Father Felix Delphine Barnes
9. Father's Occupation Butcher
10. Father's Birthplace Frederick Co., Md.

Name of Medical Attendant, or other Person who makes this Return. John Hood, M.D.

Address 234 Hollins St.

Remarks Physical Condition, excellent, — Child large & strong.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 10th of March 1875
4. Place of Birth (Street and Number) No. 12 Stockholme
5. Full Name of Mother Bath Weygand
6. Mother's Maiden Name Bath Bong
7. Mother's Birthplace Germany
8. Full Name of Father Bernhard Weygand
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Nazareaus

Address Russel St. No 70

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1562

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
12
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th of March
4. *Place of Birth (Street and Number)* Falls Road Turnpike no number
5. *Full Name of Mother* Brigit Linate
6. *Mother's Maiden Name* Brigit Carroll
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Linate
9. *Father's Occupation* Carriage Driver
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address No 7 Federal St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	sixth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 16th 1875
4. Place of Birth (Street and Number)	805 N. Baltimore Ward
5. Full Name of Mother	Mary Lineman
6. Mother's Maiden Name	[illegible]
7. Mother's Birthplace	Austrian
8. Full Name of Father	Solomon Lineman
9. Father's Occupation	
10. Father's Birthplace	Austrian
Name of Medical Attendant, or other Person who makes this Return.	Sophie Kenall
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 10th 1875
4. Place of Birth (Street and Number) 253. S. Paca St.
5. Full Name of Mother Elizabeth E. Perry
6. Mother's Maiden Name Elizabeth E. Ash
7. Mother's Birthplace Baltimore
8. Full Name of Father William H. Perry
9. Father's Occupation Blacksmith
10. Father's Birthplace Anne Arundel Co.

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address 166 S. Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11

RETURN OF A BIRTH.

1565

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10th 75
4. Place of Birth (Street and Number)	202 Lombard
5. Full Name of Mother	H L Mason
6. Mother's Maiden Name	Bitzel
7. Mother's Birthplace	Balto city
8. Full Name of Father	Geo E Mason
9. Father's Occupation	Mechanic
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Jas Keyser
Address	76 Lombard st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10th
4. Place of Birth (Street and Number)	No. Penn. St. No 2
5. Full Name of Mother	Catharine Meyer
6. Mother's Maiden Name	Kraimey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Meyer
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Krohn
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1567

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 & 12

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 10th 1875
4. *Place of Birth (Street and Number)* North Avenue 10 doors west of Jones
5. *Full Name of Mother* Jane Thayen
6. *Mother's Maiden Name* Jane Paddington
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Eberhard Thayen
9. *Father's Occupation* Merchent
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address No 182 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1568

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth March 10th 1875
4. Place of Birth (Street and Number) No 177 S. Gist st
5. Full Name of Mother Dorothea Diehl
6. Mother's Maiden Name " Willmann
7. Mother's Birthplace Germany
8. Full Name of Father Adam Diehl
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Bushmann

Address 120 Bank sts

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1569

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 10th 1875
4. Place of Birth (Street and Number)	21 Hanover St.
5. Full Name of Mother	Ann E. Butler
6. Mother's Maiden Name	nee Carr
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm Isaiah Butler
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Baltimore
Remarks	Robust

1570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 4th 10
4. Place of Birth (Street and Number)	Baltimore Sharp Street No 112
5. Full Name of Mother	Harriett Ellen Dorsey
6. Mother's Maiden Name	Harriett Ellen Miles
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Isaac J. Dorsey
9. Father's Occupation	[redacted] Screenmaker
10. Father's Birthplace	Sandy Springs Montgomery Co
Name of Medical Attendant, or other Person who makes this Return.	Hester Bentley Assistant
Address	25 Orchard Street
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

Name: Lillie Rose Hartlove

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	10th March 1875
4. Place of Birth (Street and Number)	2. Henrietta St. Balto.
5. Full Name of Mother	Mary Elizabeth Hartlow
6. Mother's Maiden Name	" " Hyman
7. Mother's Birthplace	Balto
8. Full Name of Father	Walter H. Hartlow
9 Father's Occupation	Dentist
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	A. J. Dodson M.D
Address	201 Hanover St.
Remarks	Labor normal & uncomplicated.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 13 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 10th 1875
4. Place of Birth (Street and Number)	66 Mulberry St
5. Full Name of Mother	Mary Kennedy
6. Mother's Maiden Name	" Mulligan
7. Mother's Birthplace	Dublin Ireland
8. Full Name of Father	Jas A Kennedy
9. Father's Occupation	Clerk
10. Father's Birthplace	Dublin Ireland
Name of Medical Attendant, or other Person who makes this Return.	Annie Mesmeth (midwife)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 10th 1875
4. *Place of Birth (Street and Number)* 11 Pleasant st
5. *Full Name of Mother* Emma Florence McKelly
6. *Mother's Maiden Name* " " Chester
7. *Mother's Birthplace* 11 Pleasant st
8. *Full Name of Father* Jos: Vincent McKelly
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Exeter st near Front

Name of Medical Attendant, or other Person who makes this Return. Philip C. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10th 1875
4. Place of Birth (Street and Number)	168 Saratoga St
5. Full Name of Mother	Elizabeth Clifford
6. Mother's Maiden Name	Knipe
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James N. Clifford
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Judson Gilman M.D.
Address	172 Saratoga St.
Remarks	Healthy Child Weight 8 lbs

1575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth ~~[illegible]~~ to 75 March 11 to 1875 Bored [illegible]
4. Place of Birth (Street and Number) ~~Chenut St~~ No 132 Chesnut St
5. Full Name of Mother A. L. Sheridan
6. Mother's Maiden Name A. L. Burgess
7. Mother's Birthplace Baltimore County
8. Full Name of Father D. E. Sheridan
9. Father's Occupation Porter
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Sophy Jones. D. R

Address No 135 Chenut St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth March 11th 1875 – 3 Am
4. Place of Birth (Street and Number) No. 85 Park St.
5. Full Name of Mother Ellen Donnell Blair
6. Mother's Maiden Name Ellen Donnell Smith
7. Mother's Birthplace Balt.
8. Full Name of Father Walter Blair
9. Father's Occupation Professor in Hampden Sidney College Va.
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return Christopher [illegible] M.D.

Address No 82 Franklin St.

Remarks Pains coming after 3 hours. Forceps delivered the child living. Soon after Haemorrhage – Arrested.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the fourth

1. Sex (state whether Male or Female) Female healthe Child
2. Race or Color (if not of the white race) white
3. Date of Birth the 11th of March in Year of our Lord 75
4. Place of Birth (Street and Number) Mc Henry St. between Pason & Monroe
5. Full Name of Mother Anna Riehl
6. Mother's Maiden Name Anna Aurich
7. Mother's Birthplace Ursprung Germanie
8. Full Name of Father Joseph Riehl
9. Father's Occupation Cooper
10. Father's Birthplace born in Baltimore - Stat Maryland

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood St. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1878

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Male Child
2. Race or Color (if not of the white race) White
3. Date of Birth 11 th March 1875
4. Place of Birth (Street and Number) 27 Thames St Baltimore
5. Full Name of Mother Anna Barbary Sylaneter
6. Mother's Maiden Name Anna Barbara Schuman
7. Mother's Birthplace Germany
8. Full Name of Father Charles Sylaneter
9. Father's Occupation Tylor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address . the child is Healthy and hearte

Remarks the the name is Charles Sylaneter

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1579

HEALTH DEPARTMENT
MAR 15 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2d Child.

1. Sex (state whether Male or Female) White a Son.
2. Race or Color (if not of the white race)
3. Date of Birth 11th of March 1875
4. Place of Birth (Street and Number) No 90 Ludenhall st.
5. Full Name of Mother Juliana Rinne
6. Mother's Maiden Name Schneck.
7. Mother's Birthplace Germana.
8. Full Name of Father William Rinne
9. Father's Occupation Stone cutter.
10. Father's Birthplace Germana

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address No 213 Cross st.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1580

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
15
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Child.

1. *Sex (state whether Male or Female)* Girl.
2. *Race or Color (if not of the white race)* weind.
3. *Date of Birth* 11. March
4. *Place of Birth (Street and Number)* Chase Street No 150.
5. *Full Name of Mother* Sophia Petri
6. *Mother's Maiden Name* Sophia Kreidenweis
7. *Mother's Birthplace* in Baltimor
8. *Full Name of Father* Andrew Henry Petri
9. *Father's Occupation* Cegarmaker
10. *Father's Birthplace* in Balto

Name of Medical Attendant, or other Person who makes this Return. Wurlburger Meller

Address Stirling St. No 165.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1581

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 15 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twelfth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 11, 1875
4. Place of Birth (Street and Number)	No. 12 Salisbury Court
5. Full Name of Mother	Blanche De Courcy Hartlove
6. Mother's Maiden Name	Blanche De Courcy Wingert
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John Wesley Hartlove
9. Father's Occupation	Farmer & Oyster and Fish Dealer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Louisa Hilz
Address	12 Salisbury Court
Remarks	

D. D. Hartlove
(A.O.S - 4/28/20)

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

15832

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex* (state whether Male or Female) a female.
2. *Race or Color* (if not of the white race) of the White race
3. *Date of Birth* 11th of March. 1875
4. *Place of Birth* (Street and Number) 228 Pennsylvania Avenue.
5. *Full Name of Mother* Annie Schmiller
6. *Mother's Maiden Name* Annie Baumhauer.
7. *Mother's Birthplace* born in Baltimore.
8. *Full Name of Father* John F. Schmiller.
9. *Father's Occupation* Saignor dealer.
10. *Father's Birthplace* born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigelsbinger

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 11th 1875
4. Place of Birth (Street and Number)	No 36 N. Wolfe St
5. Full Name of Mother	Mary Hinkmann
6. Mother's Maiden Name	" Steck
7. Mother's Birthplace	City
8. Full Name of Father	Conrad Hinkmann
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Bushmann
Address	120 Bank St
Remarks	

rect. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 17. 1875

4. Place of Birth (Street and Number) 78 N. Washington

5. Full Name of Mother Mary Gainer

6. Mother's Maiden Name " L Head

7. Mother's Birthplace Philadelphia Pa

8. Full Name of Father John W. Gainer

9. Father's Occupation Engraver

10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 North Caroline St.

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible], or advise at the birth of any child within the City of Baltimore, shall report to the registrar and paid, within six days thereafter, stating distinctly the date of birth, sex, and color of the [illegible] or children born, its or their physical condition, whether still born or not, the full name, [illegible] of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

1585

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 11th 1875
4. Place of Birth (Street and Number)	Md. Lying In Asylum 163 N. Lombard St.
5. Full Name of Mother	Virginia Shock
6. Mother's Maiden Name	Virginia Harrison
7. Mother's Birthplace	Baltimore Co. Md.
8. Full Name of Father	Edward Shock
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	D. A. Gisler M.D.
Address	Resident Physician
Remarks	Md. Lying In Asylum

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1586

HEALTH DEPARTMENT
APR 3 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth March 11th
4. Place of Birth (Street and Number) 15 S. Schroeder
5. Full Name of Mother Mary Clarke
6. Mother's Maiden Name Mary Alcock
7. Mother's Birthplace Ireland
8. Full Name of Father Michl Clarke
9. Father's Occupation Porter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Edwd F. Milholland M.D.

Address 279. W. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth March 11th
4. Place of Birth (Street and Number) Baltimore No 55 Block Street
5. Full Name of Mother Susanna Dunphy
6. Mother's Maiden Name Susanna Fearon
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Dunphy
9. Father's Occupation Labourer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Brendel

Address No 207 South Bond St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Children

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Withe
3. Date of Birth 11 Marz.
4. Place of Birth (Street and Number) Charles St. No. 414.
5. Full Name of Mother Rossa Wagner.
6. Mother's Maiden Name Rossa Kliman
7. Mother's Birthplace Shmilsdorf
8. Full Name of Father John Wagner.
9. Father's Occupation Laber.
10. Father's Birthplace Matydorf.

Name of Medical Attendant, or other Person who makes this Return.

Address Mars. Martin

Remarks West. St. No. 128.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 11th 1875
4. Place of Birth (Street and Number)	116 Eutaw Street
5. Full Name of Mother	Anna Baumann
6. Mother's Maiden Name	Anna Oberlag
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Baumann
9. Father's Occupation	Carpenter
10. Father's Birthplace	Wurtenbourg Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Earl Ave.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 11th 75.

4. Place of Birth (Street and Number) 30 Jefferson st

5. Full Name of Mother Sarah Jane Davidson

6. Mother's Maiden Name Sarah Jane Kesin

7. Mother's Birthplace Eastern Shore Md.

8. Full Name of Father A. Johns. Davidson

9. Father's Occupation Coal heaver

10. Father's Birthplace Eastern Shore Md.

Name of Medical Attendant, or other Person who makes this Return. Jno M. Stevenson

Address 1[illegible]3 N Exh st

Remarks This Child died 19th March of Trismus Nascentium

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth March 11th 1875
4. Place of Birth (Street and Number) Bethel court No 13 Balto
5. Full Name of Mother Margret Johnson
6. Mother's Maiden Name unknown
7. Mother's Birthplace Snow Hill
8. Full Name of Father unknown
9. Father's Occupation unknown
10. Father's Birthplace unknown

Name of Medical Attendant, or other Person who makes this Return. Leo Walker

Address No 184 S. Dallas street

Remarks

Fee, Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 11th 1875
4. Place of Birth (Street and Number) 246 N Bond
5. Full Name of Mother Ann Amelia Stevens
6. Mother's Maiden Name " " Sommers
7. Mother's Birthplace Lancaster City Pa
8. Full Name of Father Joseph Stevens
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address 305 N Caroline St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 11th March 875.
4. *Place of Birth (Street and Number)* 21 Albemarle St.,
5. *Full Name of Mother* Kath Roesen
6. *Mother's Maiden Name* Hoefling
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* fred. Roesen
9. *Father's Occupation* cabinet maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address

Remarks 52 & Lombard St.

The Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1594

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth 11th Mch 1875
4. Place of Birth (Street and Number) 47 S. Green St.
5. Full Name of Mother A. E. Hagerman.
6. Mother's Maiden Name " " Boerger.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Martin Hagerman.
9. Father's Occupation Barber
10. Father's Birthplace Adams Co. Penna.

Name of Medical Attendant, or other Person who makes this Return. W. H. Crim M.D.

Address N. E. Cor. Duca & Hayette St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1595

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Octoroon
3. Date of Birth	March 11th 1875 at 5:15 a.m.
4. Place of Birth (Street and Number)	University Hospital
5. Full Name of Mother	Annie M. Walls
6. Mother's Maiden Name	Annie Williams
7. Mother's Birthplace	Woodville Mississippi
8. Full Name of Father	William Henry Walls
9 Father's Occupation	Barber
10. Father's Birthplace	Savanah Georgia
Name of Medical Attendant, or other Person who makes this Return.	E. Worthington M.D.
Address	Cor. Greene & Lombard Sts
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
12
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th "
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	March 11th 1875,
4. Place of Birth (Street and Number)	No 69 Aisquith st Balto City Md
5. Full Name of Mother	E. Agnes D. Gill,
6. Mother's Maiden Name	E Agnes D Gill,
7. Mother's Birthplace	Baltimore County Maryland,
8. Full Name of Father	R. Rufus Gill
9. Father's Occupation	Attorney At Law,
10. Father's Birthplace	Baltimore County Maryland
Name of Medical Attendant, or other Person who makes this Return.	I. Ridgway André MD
Address	No 121 E Balto. st
Remarks	

Ref. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th of March 1875
4. Place of Birth (Street and Number)	No 96 S. Caroline st. Balto. city, Md
5. Full Name of Mother	Agnes McPherson.
6. Mother's Maiden Name	
7. Mother's Birthplace	Scotland.
8. Full Name of Father	Duncan McPherson
9. Father's Occupation	
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	Dr. D. Ridgway Andre M.D.
Address	No 121 E. Balto st Md
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

1598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 11th
4. Place of Birth (Street and Number) 30 W. Balto St.
5. Full Name of Mother Elizabeth Ruppel
6. Mother's Maiden Name Elizabeth Happel
7. Mother's Birthplace Kur Hesse Germany
8. Full Name of Father George E. Ruppel
9. Father's Occupation Hatter
10. Father's Birthplace Hesse Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. C. Edward Miller M.D.

Address 143 S. Broadway

Remarks Premature Birth 6 1/2 Months Foetal age

And Lived only 2 Hours

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1599

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

1. *Sex* (state whether Male or Female) Female healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Calvert on Royal Balto City
4. *Place of Birth* (Street and Number) born the 12th of March 187[illegible]
5. *Full Name of Mother* Lizzie Daeshler
6. *Mother's Maiden Name* Lizzie Royer
7. *Mother's Birthplace* Hessen Darmstabt Germanie
8. *Full Name of Father* John Daeshler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in Bayern Germanie

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood Strat Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name; nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1600

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	Born March 12
4. Place of Birth (Street and Number)	in Dallas 129
5. Full Name of Mother	Emma Johnson
6. Mother's Maiden Name	Emma Day
7. Mother's Birthplace	Virginia
8. Full Name of Father	Richard Johnson
9. Father's Occupation	Seaman
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Sarah Lyle
Address	187 Orleans Street
Remarks	all right

1601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 12th of March 1875
4. *Place of Birth (Street and Number)* 48 East Baltimore St.
5. *Full Name of Mother* Marthe Irene Melia
6. *Mother's Maiden Name* Marthe Irena McClinton
7. *Mother's Birthplace* Savanah Ga. U.S.
8. *Full Name of Father* John Melia
9. *Father's Occupation* Picture & Looking glass frame Manufacturer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Barbara Reisz Midwife

Address No 40 E Fayette St.

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1602

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 12th 1875
4. Place of Birth (Street and Number)	No 50 N. Green St
5. Full Name of Mother	Anna Augusta Webb
6. Mother's Maiden Name	Anna Augusta Bond
7. Mother's Birthplace	Baltimore Co Md
8. Full Name of Father	A Pleasants Webb
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	E Goverbox M.D.
Address	512 W Balto St City
Remarks	return made March 16th 1875

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) white
3. Date of Birth 12 Day of March.
4. Place of Birth (Street and Number) West Hall St. N. 554.
5. Full Name of Mother Elisabeth Zachman
6. Mother's Maiden Name Elisabeth Lanz.
7. Mother's Birthplace Biedenhoff Germany
8. Full Name of Father Henry Zachman.
9. Father's Occupation Laborer
10. Father's Birthplace Baden Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler No 66 [illegible]

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1604

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 12.
4. Place of Birth (Street and Number)	543 W. Baltimore St
5. Full Name of Mother	Doradde ~~Behn~~ Schlutter
6. Mother's Maiden Name	" " Behn
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	Cristian Schlutter
9. Father's Occupation	Porter
10. Father's Birthplace	Sachsen Weimer
Name of Medical Attendant, or other Person who makes this Return.	
Address	Ames, Dumbar No 61 North Schuyler
Remarks	

Your Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 12th 1875
4. Place of Birth (Street and Number)	197 Central Ave
5. Full Name of Mother	Susan Ensor
6. Mother's Maiden Name	Susan Chanceaulme
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Edward Ensor
9. Father's Occupation	Lumber Dealer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address	128 Harford Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 12th 1875
4. Place of Birth (Street and Number)	91 Bank St.
5. Full Name of Mother	Mary Virginia White
6. Mother's Maiden Name	Leiter
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Richard Fabius White
9. Father's Occupation	Seaman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Dr. E. L. Brons
Address	406 E Baltimore St.
Remarks	Child's Condition is tolerably good

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

See Record of Vital Statistics in the City of Baltimore.

1607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Borne on the twelve of March 1875
4. Place of Birth (Street and Number) No 76. Pierce st.
5. Full Name of Mother Babara Reuwer
6. Mother's Maiden Name Babara Neuberger
7. Mother's Birthplace König Bayern Germany
8. Full Name of Father Theodor Reuwer
9. Father's Occupation Huckster
10. Father's Birthplace König Hannover Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Magdelena Burgadt

Address No. 145 Columbia st. near Fremont

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1608

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4. Child.

1. Sex (state whether Male or Female) Knabe.
2. Race or Color (if not of the white race) Weiß.
3. Date of Birth 12. Marsh
4. Place of Birth (Street and Number) Est Läger st. No 287
5. Full Name of Mother Margaret Faust
6. Mother's Maiden Name Margaret Lautenschläger.
7. Mother's Birthplace geboren in Obernau in Königreich Baiern.
8. Full Name of Father Michael Joseph Faust
9. Father's Occupation Geschäfts Schreiner.
10. Father's Birthplace geb. in Großwallstadt in Königreich Baiern.

Name of Medical Attendant, or other Person who makes this Return. Walburga Meller.

Address Stirling st No 165.

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1609

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)	2nd
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 12th 1875
4. Place of Birth (Street and Number)	342 Lexington St.
5. Full Name of Mother	Almira C. Beecher
6. Mother's Maiden Name	Almira C Swain
7. Mother's Birthplace	Washington Co. Md
8. Full Name of Father	William N. Beecher
9 Father's Occupation	Book keeper
10. Father's Birthplace	Snowhill Maryland
Name of Medical Attendant, or other Person who makes this Return.	I. H. Butler M.D.
Address	144 Mulberry St.
Remarks	

1610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) a Female.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth 12th of March.
4. Place of Birth (Street and Number) No 30 Cumberland St.
5. Full Name of Mother Rebeca Mandel
6. Mother's Maiden Name Rebeca V. Sanervien
7. Mother's Birthplace born in Baltimore.
8. Full Name of Father John Mandel.
9. Father's Occupation a Butcher.
10. Father's Birthplace born in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 15 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 12th 1875
4. *Place of Birth (Street and Number)* Biddle st no 9
5. *Full Name of Mother* Kate Everwine
6. *Mother's Maiden Name* Kate Henkle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mr Everwine
9. *Father's Occupation* Constable
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address No 182 Monument Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore.

1612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 13 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 12th 1875
4. Place of Birth (Street and Number)	No. 171 Canton Ave.
5. Full Name of Mother	Johanna Friese
6. Mother's Maiden Name	" Stein
7. Mother's Birthplace	City
8. Full Name of Father	Charles Friese
9. Father's Occupation	Tanner
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank St.
Remarks	

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth March 12th 1875
4. Place of Birth (Street and Number) No 46 Hamstead str
5. Full Name of Mother Lena Jaemmer
6. Mother's Maiden Name " Volk
7. Mother's Birthplace Germany
8. Full Name of Father John Jaemmer
9. Father's Occupation Basket Make
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str

Remarks

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Ref. Records of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 12th 1875
4. Place of Birth (Street and Number)	No 148 S. Washington St.
5. Full Name of Mother	Barbara Tetzke
6. Mother's Maiden Name	" Wollenweber
7. Mother's Birthplace	Germany
8. Full Name of Father	August Tetzke
9. Father's Occupation	Carter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschbaum
Address	120 Bank str.
Remarks	

1615

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 12th 1875

4. Place of Birth (Street and Number) No 28 Columbia Avenue Baltimore

5. Full Name of Mother Mary Anne Knight

6. Mother's Maiden Name Mary Anne Kaiser

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Anton Knight

9. Father's Occupation Brick Maker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Wemble M.D.

Address No 203 N. Lombard St. Baltimore Md.

Remarks

RETURN OF A BIRTH.

1616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. *Sex* (~~state whether Male or~~ Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 12th 1875.
4. *Place of Birth* (Street and Number)	No 165 Pratt st
5. *Full Name of Mother*	Louisa Wolfman
6. *Mother's Maiden Name*	Louisa Hauck
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Nicholas Wolfman
9. *Father's Occupation*	Brown Carpenter
10. *Father's Birthplace*	Bremen Germany
Name of Medical Attendant, or other Person who makes this Return.	Thomas B. Evans M. D
Address	No 18 Jackson Square
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 22 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 12 th 1875
4. Place of Birth (Street and Number)	~~No~~ No. 310 N. Eutaw Donough st.
5. Full Name of Mother	Susie H. Nichols
6. Mother's Maiden Name	Green
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George W. Nichols
9 Father's Occupation	School Teacher
10. Father's Birthplace	N. York
Name of Medical Attendant, or other Person who makes this Return.	Dr. E. P. Jones
Address	No 406 E. Baltimore St
Remarks	

1618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10th 75
4. Place of Birth (Street and Number)	No 525 Lombard St
5. Full Name of Mother	Sarah Welch
6. Mother's Maiden Name	Sarah Sweeney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Welch
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	A H Saxton M D
Remarks	W Lexington Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 13th 1875
4. Place of Birth (Street and Number) Baltimore Shroder st No. 18
5. Full Name of Mother Laura Sparrowhawk
6. Mother's Maiden Name Laura Upperment
7. Mother's Birthplace Baltimore
8. Full Name of Father James Sparrowhawk
9. Father's Occupation Leighborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell

Address No. 58 Parkin st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1620
1626

RETURN OF A BIRTH.

Twins

HEALTH DEPARTMENT MAR 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twins 5th Confinement

1. Sex (state whether Male or Female) Males ~~both~~
2. Race or Color (if not of the white race)
3. Date of Birth March 13th 1875
4. Place of Birth (Street and Number) 207 Linden avenue
5. Full Name of Mother Cordelia Murray
6. Mother's Maiden Name Cordelia Williams
7. Mother's Birthplace Virginia
8. Full Name of Father Heron C. Murray
9. Father's Occupation Gentleman at leisure
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James H. Butler

Address 144 Mulberry St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Saturday March 13th 1875
4. Place of Birth (Street and Number)	No 96 St Mary St
5. Full Name of Mother	Florence Virginia Duering
6. Mother's Maiden Name	Florence Virginia Gibbons
7. Mother's Birthplace	Franklin County Penna.
8. Full Name of Father	Joseph Hannon Duering
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Lindley Ellicott M.D.
Address	193 W. Howard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 13th
4. Place of Birth (Street and Number) 44 Hillman St
5. Full Name of Mother Annie Holden
6. Mother's Maiden Name Annie Murphy
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel Hola
9. Father's Occupation Marble Worker
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Vicula S Chrisner

Address No 129 E. Monument St.

Remarks Baltimore City

1623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 13th 1875
4. Place of Birth (Street and Number)	No 3 N. Washington St
5. Full Name of Mother	Maggie Weinknecht
6. Mother's Maiden Name	" Traun
7. Mother's Birthplace	Germany
8. Full Name of Father	John Weinknecht
9. Father's Occupation	Driver
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	120 Bank st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second.

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 13 " 1875 10. P.M.
4. *Place of Birth* (Street and Number) No " 426 Canton Av.
5. *Full Name of Mother* Walburga Kraus
6. *Mother's Maiden Name* " Fries
7. *Mother's Birthplace* Plankstetten Germany
8. *Full Name of Father* Sebastian Kraus
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Landershofen Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Daudet M. D.

Address 27. N. Broadway.

Remarks

RETURN OF A BIRTH.

1625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 this is our second child
1. Sex (state whether Male or Female)	it is a male child
2. Race or Color (if not of the white race)	it is a colloard child
3. Date of Birth	born on the 13 th of march
4. Place of Birth (Street and Number)	No 86 chesnut ally
5. Full Name of Mother	martha A Roberts
6. Mother's Maiden Name	martha A Clark
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Braxberry Roberts
9 Father's Occupation	my occupation is laborer
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Dr Thos Sappington
Address	
Remarks	

Franklin A Linton

MISSING

#1626

1627

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 13th

4. Place of Birth (Street and Number) McMachen St. Fed den from [illegible]

5. Full Name of Mother Mary E. Sanderson

6. Mother's Maiden Name Mary E. Cator

7. Mother's Birthplace Ann Arundel Co. Maryland

8. Full Name of Father Washington Cook Sanderson

9. Father's Occupation Gentleman Furnishing goods (Merchants)

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 152 Townsend St. Balt.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 22 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 13. 1875.
4. Place of Birth (Street and Number)	307 E. Pratt St.
5. Full Name of Mother	Annie Gordon.
6. Mother's Maiden Name	Annie McConn.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Wm. C. Gordon.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. T. Powell M.D.
Address	726 E. Pratt St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	Fifth
1. Sex (~~state whether Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	No March 13th 1875
4. Place of Birth (Street and Number)	No 220 North Broadway
5. Full Name of Mother	Albertien Foxwell Emory
6. Mother's Maiden Name	Albertien Foxwell Evans
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas Hopper Emory
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Kent County Maryland
Name of Medical Attendant, or other Person who makes this Return.	Thomas R. Evans. M. D
Address	No 18 Jackson Square Balt. M. d
Remarks	

1630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth march 13
4. Place of Birth (Street and Number) no 27 Moldry
5. Full Name of Mother Mary Jane Pullett
6. Mother's Maiden Name Mary Jane Jenkins
7. Mother's Birthplace Born in Baltimore
8. Full Name of Father Thomas Pullett
9. Father's Occupation Attender of the white Normal School
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lucas Johnson

Address 32 [illegible]

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	five
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 13 1875
4. Place of Birth (Street and Number)	95 North Exeter Street
5. Full Name of Mother	Rieke Hines
6. Mother's Maiden Name	Rieke Weglem
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Anthony Hines
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	W. T. Howard M. D.
Address	181 Madison Ave, Baltimore Md.
Remarks	Vertex presentation, 1st position, tedious labor, requiring the use of Ergot (Ext Fld Zi)

Year Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1632

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 13th 1875
4. Place of Birth (Street and Number)	44 Millemant St.
5. Full Name of Mother	Crotine Bremont,
6. Mother's Maiden Name	Caroline Fettle
7. Mother's Birthplace	Pansilvania
8. Full Name of Father	John Bremont
9. Father's Occupation	~~Ostria~~ Laborer
10. Father's Birthplace	Ostria
Name of Medical Attendant, or other Person who makes this Return.	
Address	100 N. Caroline St. Elisabeth Werner
Remarks	died an the 27 of March 1875 Western Semetary

1633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th living child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	American
3. Date of Birth	March 13 th 1875
4. Place of Birth (Street and Number)	Holland St No 21
5. Full Name of Mother	Annie Watson
6. Mother's Maiden Name	Annie Hayes
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Watson
9 Father's Occupation	Lumber weaver
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Albey
Address	No 48 Holland St Baltimore Md
Remarks	—

1634

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR 16 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 13th 1875
4. *Place of Birth (Street and Number)* N. Paca St no 33.
5. *Full Name of Mother* Mary F. Zimmermann
6. *Mother's Maiden Name* Mary F. Haslinger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George H. Zimmermann
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baden Germany

Name of Medical Attendant, or other Person who makes this Return. Dr L Baddenbohn.

Address No 106 Columbia Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1633

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Firstborn
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 13th 1875
4. Place of Birth (Street and Number)	No 39 Hillen St
5. Full Name of Mother	Mary Ellen Ross
6. Mother's Maiden Name	" Conghlan
7. Mother's Birthplace	Maryland " Queen's Anne Co
8. Full Name of Father	James Ross "
9. Father's Occupation	Laborer "
10. Father's Birthplace	Ireland "
Name of Medical Attendant, or other Person who makes this Return	Dr Chas F McCormick
Address	No 134 N Exeter St.
Remarks	She has plenty of kids. Advised her to stop ploughing "

McC

RETURN OF A BIRTH.

1636

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
17
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 13th 75

4. Place of Birth (Street and Number) 154 Pa Ave

5. Full Name of Mother Ernestine Keller

6. Mother's Maiden Name " Schmeuner

7. Mother's Birthplace Maryland

8. Full Name of Father Daniel Edward Keller

9. Father's Occupation Butcher

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. L. G. Keller M.D

Address 89 N. Greene St.

Remarks

1637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 6th
4. Place of Birth (Street and Number) 124 Caroline Street
5. Full Name of Mother Annie Kahler
6. Mother's Maiden Name Annie Ochs.
7. Mother's Birthplace Kurhessen
8. Full Name of Father Conrad Kahler
9. Father's Occupation Sayler
10. Father's Birthplace Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 10 Granby Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March the 19th
4. Place of Birth (Street and Number) Little Gough Street 21
5. Full Name of Mother Ernestine ~~Bastof~~ Mansel
6. Mother's Maiden Name Bastof
7. Mother's Birthplace Schlasingen
8. Full Name of Father Herman Mansel
9. Father's Occupation None
10. Father's Birthplace Schlasingen

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemann

Address 10 Granby Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1639

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13th March
4. Place of Birth (Street and Number) 364 McDonough St.
5. Full Name of Mother Mary McAdney
6. Mother's Maiden Name Exeter
7. Mother's Birthplace Virginia
8. Full Name of Father James McAdney
9. Father's Occupation Engineer
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mark R. Rudiger

Address 134 N. Bond St.

Remarks

Fore Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1640

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty of Fifty Dollars in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 13th 1875
4. Place of Birth (Street and Number)	67 Portland St
5. Full Name of Mother	Margaret Lucy Eshleder
6. Mother's Maiden Name	Margret Lucy Wehage
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Eshleder
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	John G. Womble M.D.
Address	203. W. Lombard St.
Remarks	

1641

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13th March
4. *Place of Birth (Street and Number)* 180 N. Exeter st
5. *Full Name of Mother* Kate. Cecelia.
6. *Mother's Maiden Name* Worsley
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Ed. Frank. Bell.
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. L. F. Coyne

Address 129 N. High

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children

RETURN OF A BIRTH.

1642

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Mar. 13th 1875
4. *Place of Birth* (Street and Number) 13 Thompson St
5. *Full Name of Mother* Mary Elizabeth Collier
6. *Mother's Maiden Name* Mary Elizabeth Stout
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry Collier
9. *Father's Occupation* Truckster
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. H. Gray

Address 18 Asquith St

Remarks

1643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14th 1875
4. Place of Birth (Street and Number)	Baltimore Eargerst. 111 No.
5. Full Name of Mother	Elizebeth Chopan
6. Mother's Maiden Name	Elizebeth Courtney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ambrose Chopan
9. Father's Occupation	Leigbor
10. Father's Birthplace	France
Name of Medical Attendant, or other Person who makes this Return.	Catherine Mitchell
Address	No. 58 Parkin st.
Remarks	

Your Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1644

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 14th 1875
4. *Place of Birth* (Street and Number)	Baltimore Wyeth st No 32
5. *Full Name of Mother*	Ellen Lawson
6. *Mother's Maiden Name*	Ellen Mahony
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	George Lawson
9. *Father's Occupation*	Watchman
10. *Father's Birthplace*	German
Name of Medical Attendant, or other Person who makes this Return.	Catherine Mitchell
Address	No 58 Parkin st.
Remarks	

1645

RETURN OF A BIRTH.

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 14 th
4. Place of Birth (Street and Number)	Bruce St No Number
5. Full Name of Mother	Loise Kibby
6. Mother's Maiden Name	Loise Simonds
7. Mother's Birthplace	Washington
8. Full Name of Father	Alexander Kibby
9. Father's Occupation	Painter
10. Father's Birthplace	Norfolk Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Sinclair
Address	No 29 Moore St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty of Fifty Dollars in the City of Baltimore.

1646

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14th 1875
4. Place of Birth (Street and Number)	198 S. Washington St.
5. Full Name of Mother	Clara Isabel Owens
6. Mother's Maiden Name	Wright
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Richard Owens
9 Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Dr. E. P. Ivens
Address	no 406 E. Baltimore St
Remarks	

1647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~2~~ 2nd
1. Sex (state whether Male or Female)	Mail live born
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14
4. Place of Birth (Street and Number)	Hughes St No. 1.10
5. Full Name of Mother	Mary E Marsh
6. Mother's Maiden Name	Mary E Walker
7. Mother's Birthplace	Prince George Co Md
8. Full Name of Father	Walter W Marsh
9. Father's Occupation	Sailor
10. Father's Birthplace	Northumberland Co Va
Name of Medical Attendant, or other Person who makes this Return.	Celestine Conaway
Address	No 181 Battery avenue
Remarks	

1648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March the 14th 1875
4. Place of Birth (Street and Number) 165 East Madison Street
5. Full Name of Mother Clara C Hurdle
6. Mother's Maiden Name " " Freeman
7. Mother's Birthplace Washington D.C.
8. Full Name of Father E. W. Hurdle
9. Father's Occupation Clerk
10. Father's Birthplace Washington

Name of Medical Attendant, or other Person who makes this Return. Barbara Reisz midwife

Address 40 E Fayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1649

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 14 1875
4. Place of Birth (Street and Number)	154 N East Street
5. Full Name of Mother	Louise Heiser
6. Mother's Maiden Name	" Marx
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob F Heiser
9. Father's Occupation	Hardware
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz ~~said~~ midwife
Address	No 40 E Fayette St,
Remarks	

1650

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 14th March

4. Place of Birth (Street and Number) 115 McElderry St.

5. Full Name of Mother Mary Louisa Lennhaum

6. Mother's Maiden Name Barnicol

7. Mother's Birthplace Baltimore

8. Full Name of Father George Lennhaum

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary K. Rudiger

Address 134 N. Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1651

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~Born of Mash~~ 3 Schilderin Mathe
1. Sex (state whether Male or Female)	it is a male
2. Race or Color (if not of the white race)	it is white
3. Date of Birth	the 19th of Mash
4. Place of Birth (Street and Number)	No 30 Hames St
5. Full Name of Mother	Fruckserikia Peaper
6. Mother's Maiden Name	Frichcha Gronawald
7. Mother's Birthplace	Brise Bommern
8. Full Name of Father	Carl Peaper
9. Father's Occupation	I am a Labor
10. Father's Birthplace	Brisen Bomern
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Bundel B
Address	No. 207 South Bond St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 living child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) American

3. Date of Birth March 14th 1875

4. Place of Birth (Street and Number) Eden St No 149

5. Full Name of Mother Margaret Schiller

6. Mother's Maiden Name Margaret Strobel

7. Mother's Birthplace Bayers Europe

8. Full Name of Father George Schiller

9. Father's Occupation Taylor

10. Father's Birthplace Bayers Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address No 48 Holland St Baltimore Md

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1653

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 14th March
4. *Place of Birth (Street and Number)* 8 Ivory Alley
5. *Full Name of Mother* Hannah Grant
6. *Mother's Maiden Name* " Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Grant
9. *Father's Occupation* Porter
10. *Father's Birthplace* Cincinatti

Name of Medical Attendant, or other Person who makes this Return. Ann Maria her X mark Duffy

Address

Remarks 12 Lexico Alley

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16654

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 15 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14th 1875
4. Place of Birth (Street and Number)	Bolton alley
5. Full Name of Mother	Annie Schoffer
6. Mother's Maiden Name	Annie Frisby
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Schoffer
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. L. Bowie M.D.
Address	No 4 McCulloch St
Remarks	

1655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Birth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colorde
3. Date of Birth 14 of March 1875
4. Place of Birth (Street and Number) Wilcom Ally No 68 Bale
5. Full Name of Mother Mary Kenocks
6. Mother's Maiden Name Mary Anderson
7. Mother's Birthplace Gilbert Co Md
8. Full Name of Father Peter Kenocks
9. Father's Occupation Drayman
10. Father's Birthplace Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. Lucy Sidney

Address Born March the 14 died March the 14

Remarks the cause of the death by the mother as expected giving several falls but the mother as well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Heinrich Benjer Ma

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Mary March 14th
4. Place of Birth (Street and Number) Pine Street No 134 14
5. Full Name of Mother Sarra Kretzer
6. Mother's Maiden Name Kretzer
7. Mother's Birthplace Bremmen
8. Full Name of Father Johann Hermann Heinrich Benjer
9. Father's Occupation
10. Father's Birthplace Kr. Hannover

Name of Medical Attendant, or other Person who makes this Return. Anna Dumlee

Address No 11 do Schorlea

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 14th 1875

4. Place of Birth (Street and Number) ~~H~~ St. No 11

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Baltimore City

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. A. E. Stein

Address [illegible]

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 19 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2nd C

1. *Sex* (state whether Male or Female) Female healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 14th of March 1875
4. *Place of Birth* (Street and Number) 217 Frederick Avenue Balto.
5. *Full Name of Mother* Lizzie Aent
6. *Mother's Maiden Name* Lizzie Berghof
7. *Mother's Birthplace* Wiesenbach Germanie
8. *Full Name of Father* Jakob Aent
9. *Father's Occupation* Bristle Washer
10. *Father's Birthplace* Selters Germanie

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood Street Balto.

Remarks

1659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth March. 14th. 1875.
4. Place of Birth (Street and Number) No. 101. N. Wolfe st.
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace Washington City
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace Washington City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmid,

Address 27. N. Broadway

Remarks The above is an illegitimate child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1660

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex (state whether Male or Female) Männlich

2. Race or Color (if not of the white race) Weiß

3. Date of Birth 14 März

4. Place of Birth (Street and Number) 266 Großstrit

5. Full Name of Mother Maria Kunikel

6. Mother's Maiden Name Maria Pentzel

7. Mother's Birthplace Deutschland

8. Full Name of Father John Pentzel

9. Father's Occupation Kopper

10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 74 Leatenhallstrit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 14 März
4. *Place of Birth (Street and Number)* 182 Hamburgstrit
5. *Full Name of Mother* Sophia Blebet
6. *Mother's Maiden Name* Sophia Grün
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christian Grün
9. *Father's Occupation* Penter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katharina Münch

Address 74 Leatherhallstrit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1.662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 14. 1875
4. Place of Birth (Street and Number)	Ensor Street # 63
5. Full Name of Mother	Susan C. Cony
6. Mother's Maiden Name	Susan C Beck
7. Mother's Birthplace	Boston Mass
8. Full Name of Father	J. E. S. Cony
9. Father's Occupation	Farmington Maine
10. Father's Birthplace	Trader
Name of Medical Attendant, or other Person who makes this Return.	Visula S. Chrismer
Address	No 129 E. Monument St.
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	3 Mo 15th 1875.
4. Place of Birth (Street and Number)	46 Calhoun St.
5. Full Name of Mother	Mary Virginia Childs.
6. Mother's Maiden Name	Mary Virginia Sutton.
7. Mother's Birthplace	Washington D. C.
8. Full Name of Father	Lewis Owen Childs
9. Father's Occupation	Clerk.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	W. Riley
Address	47 Lexington Baltimore
Remarks	

1664

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* 15 March 1875
4. *Place of Birth (Street and Number)* Raburg st 212
5. *Full Name of Mother* Sarah Rebecca Talbot
6. *Mother's Maiden Name* Sarah Rebecca Sewell
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Josep P Talbot
9. *Father's Occupation* Cart Driver
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Milly Blake

Address

Remarks

1

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Record of Vital Statistics in the City of Baltimore.

1665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 19 1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 15th 1875
4. Place of Birth (Street and Number)	166 St Peter St
5. Full Name of Mother	Alice Diffendale
6. Mother's Maiden Name	Alice Hatton
7. Mother's Birthplace	Frederick Md
8. Full Name of Father	Charles A Diffendale
9. Father's Occupation	Brickmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. W. Colburn
Address	166 S. Paca St
Remarks	

1666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15th 1875.
4. *Place of Birth (Street and Number)* 396 W. Lexington St.
5. *Full Name of Mother* Anna Eliza Byrne
6. *Mother's Maiden Name* Kilpatrick.
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Thomas Francis Byrne,
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. Louis M. Eastman

Address 349 W. Lexington St.,

Remarks Natural Labor.

1667

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8tt Child

1. *Sex (state whether Male or Female)* a Male.
2. *Race or Color (if not of the white race)* the white race
3. *Date of Birth* 15 of March
4. *Place of Birth (Street and Number)* No 101 Druid Hill Avenue.
5. *Full Name of Mother* Maggie Kremmer.
6. *Mother's Maiden Name* Maggie Long.
7. *Mother's Birthplace* born in Germany.
8. *Full Name of Father* John Kremmer.
9. *Father's Occupation* Gas fitter.
10. *Father's Birthplace* born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Mr Catherine Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

1668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 15th 1875
4. Place of Birth (Street and Number) 2 Stockton St.
5. Full Name of Mother Elizabeth B. Smith
6. Mother's Maiden Name Faylor
7. Mother's Birthplace Lebanon Co. Pennsylvania
8. Full Name of Father Israel Edward Smith
9. Father's Occupation Shoemaker
10. Father's Birthplace Little York Co. Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. William W. Murray M.D.

Address S.E. Cor. Patterson Ave. & Stricker St.

Remarks Case of no especial interest. Labor 40 hours, but required no interference

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall [illegible] the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1875 BALTIMORE

SOPHIA M. ROCKELMANN

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15th 1875
4. *Place of Birth (Street and Number)* No 342 Blarrod BELAIR ROAD
5. *Full Name of Mother* Louise Rockelmann ROCKELMANN
6. *Mother's Maiden Name* Louise Kentze
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Matthew Rockelmann ROCKELMANN
9. *Father's Occupation* Coopier
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address No 182 monument st

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 15th 75.
4. Place of Birth (Street and Number) 713 W. Lombard St.
5. Full Name of Mother Lizzie Baker
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father John Baker
9. Father's Occupation Police Officer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louis Ch Horn M.D.

Address Cor Mulberry & Myrtle av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth March th 15 1875

4. Place of Birth (Street and Number) Baltimore 69 Jasper Street

5. Full Name of Mother Margrate Baxter

6. Mother's Maiden Name Margrate Baxter

7. Mother's Birthplace Creek County

8. Full Name of Father Richard Bell

9. Father's Occupation Coachman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Glester Ann Bordley Ave

Address 85 Orchard Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1672

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the thörd Child

1. Sex (state whether Male or Female) ~~Male~~ Female
2. Race or Color (if not of the white race) white
3. Date of Birth the 15th Day of March 1875.
4. Place of Birth (Street and Number) No. 148. Scott Street
5. Full Name of Mother Barbara Eisenhardt
6. Mother's Maiden Name d. Schoner
7. Mother's Birthplace Apenweiher County Baden Germania
8. Full Name of Father Christian Eisenhardt
9. Father's Occupation Derdengen County Maulbruhn K. Würtenberg Germania
10. Father's Birthplace Blacksmith

Name of Medical Attendant, or other Person who makes this Return. Katharine Sunbeck

Address West Lewett N 439

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1673

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or ~~Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 15th 1875

4. Place of Birth (Street and Number) N. Spring St. No 30 Balto. City

5. Full Name of Mother Dorothea Harres

6. Mother's Maiden Name Dorothea May

7. Mother's Birthplace Genrode N. Preussen Germany

8. Full Name of Father Louis M. Harres

9. Father's Occupation Clerk in Dry Good Store

10. Father's Birthplace Grunstadt R. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No 26.

Remarks

1674

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 15th 1875
4. Place of Birth (Street and Number)	Carton St near Franklin St
5. Full Name of Mother	Cecelia Jane Kroft
6. Mother's Maiden Name	Cecelia J Kenck
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	George W Wroth
9. Father's Occupation	Lamp Lighter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J Shelton Hill M D
Address	432 W Fayette St.
Remarks	

RETURN OF A BIRTH.

1675

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	15th of March 1875
4. *Place of Birth* (Street and Number)	No. 85 Forth st.
5. *Full Name of Mother*	Emma Mönckmeier
6. *Mother's Maiden Name*	Lemert.
7. *Mother's Birthplace*	America.
8. *Full Name of Father*	Henry Mönckmeier
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Germana.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	No. 213 Cross st.
Remarks	

1676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 3rd March 1875
4. Place of Birth (Street and Number) N.W. Cor. Mosher St. & Pa. Ave
5. Full Name of Mother Amelia Loisa Young
6. Mother's Maiden Name Amelia Loisa Fisher
7. Mother's Birthplace Baltimore
8. Full Name of Father Phillip Theodore Young
9. Father's Occupation Upholsterer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Airey M.D.

Address 102 Mosher St.

Remarks O K

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 10th 1875
4. Place of Birth (Street and Number) 318 N Fremont St.
5. Full Name of Mother Anna Hirst Curry
6. Mother's Maiden Name Anna B. Hirst
7. Mother's Birthplace Hagerstown
8. Full Name of Father W. H. Curry
9. Father's Occupation Physician
10. Father's Birthplace Baltimore Co. Md

Name of Medical Attendant, or other Person who makes this Return. W H Curry M. D.

Address 318 N Fremont St

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 15th March

4. Place of Birth (Street and Number) 30 Liberty Alley

5. Full Name of Mother Alcida Arens

6. Mother's Maiden Name Liddman

7. Mother's Birthplace Germany.

8. Full Name of Father Arndt Arens.

9. Father's Occupation Taylor

10. Father's Birthplace Holland.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rideger.

Address 134 N. Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1679

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 16th 1875

4. Place of Birth (Street and Number) 405 Saratoga St

5. Full Name of Mother Wilhelmina Cramer

6. Mother's Maiden Name Wilhelmina Sordin

7. Mother's Birthplace Caroline County

8. Full Name of Father Horace Cramer

9. Father's Occupation House Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address 166 S Paca St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the fourth

1. Sex (state whether Male or Female) Male healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born the 16th of March 1875
4. Place of Birth (Street and Number) 997 West Pratt St.
5. Full Name of Mother Annie Wakershauser
6. Mother's Maiden Name Annie Hemrighousen
7. Mother's Birthplace Barlbory Germania
8. Full Name of Father William Wakershouser
9. Father's Occupation Coopper
10. Father's Birthplace Durlach Germanie

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood St. Balto.

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1651

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16th March, 1875 at 8 o'clk P.M.
4. Place of Birth (Street and Number) No 441 St. Carey St. Cor. [illegible]
5. Full Name of Mother Margaret Jane White
6. Mother's Maiden Name Margaret Jane Phillips
7. Mother's Birthplace Bandon County Cork Ireland.
8. Full Name of Father Thomas White
9. Father's Occupation Carriage Manufacturer
10. Father's Birthplace Dorchestershire England

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Worth, [illegible]

Address Balto City 150 [illegible] Biddle [illegible]

Remarks [illegible]

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 19 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 March
4. *Place of Birth (Street and Number)* South Castle Stat No 35
5. *Full Name of Mother* Anna White
6. *Mother's Maiden Name* Anna Beck
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Andrew White
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Görndorf Bavaria

Name of Medical Attendant, or other Person who makes this Return. Anna M. Sauer

Address No 23 South Durham

Remarks

Penalty of Fifty Dollars in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

~~1883~~
1683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 18

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 10th 1875
4. Place of Birth (Street and Number) Nor Wolf St.
5. Full Name of Mother Jane Patter
6. Mother's Maiden Name Jane Pritchard
7. Mother's Birthplace Eastern shore
8. Full Name of Father Martin Patter
9. Father's Occupation Engineer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 127 S. Wolf Street

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4684

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Mar 16 1875
4. Place of Birth (Street and Number) 252 Hannover Street
5. Full Name of Mother Maria ~~Demetrick~~ Wilhelm
6. Mother's Maiden Name Maria Demetrick
7. Mother's Birthplace Germania Hessendarmstatt
8. Full Name of Father Johannes Wilhelm
9. Father's Occupation Lieber man
10. Father's Birthplace Hessendarmstatt Germania

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Strong

Remarks 32 Leidenhall Street.

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether ~~Male or~~ Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16. March 1875
4. Place of Birth (Street and Number) 445 E. Lombard St.
5. Full Name of Mother Georgeanna Whalen
6. Mother's Maiden Name Georgeanna McNeal
7. Mother's Birthplace Baltimore City
8. Full Name of Father Stephen Whalen
9. Father's Occupation Tobacconist
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Deshiel

Address 207. S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 16th 1875
4. Place of Birth (Street and Number) S. E. Cor Pratt & Fulton Sts
5. Full Name of Mother Elizabeth A. Adams
6. Mother's Maiden Name Elizabeth A. Waggner
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Chas. S. Adams
9. Father's Occupation Pharmacist
10. Father's Birthplace Fredericksburg Virga

Name of Medical Attendant, or other Person who makes this Return. Dr Henry R. Noel

Address No 10 N Eutaw St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 16 1875
4. Place of Birth (Street and Number) No 10 Cedall Baltimore md
5. Full Name of Mother Hatter Hammon
6. Mother's Maiden Name Hatte Pits
7. Mother's Birthplace Baltimore md.
8. Full Name of Father Charles Hammon
9. Father's Occupation Rg Bag Shop
10. Father's Birthplace Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address No 1 Patapsco Av Balto md

Remarks No one present bout my Selfe

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 16 of March 1875

4. Place of Birth (Street and Number) Lewis No 404 West St

5. Full Name of Mother Lewis Lancaster

6. Mother's Maiden Name Lewis Thechel

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Lancaster

9. Father's Occupation Labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarene

Address Russell St No 70

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 16th 1875
4. Place of Birth (Street and Number)	42 Stockton Street
5. Full Name of Mother	Annie Ewen
6. Mother's Maiden Name	Annie Little
7. Mother's Birthplace	Frederick County Maryland
8. Full Name of Father	Harry Ewen
9. Father's Occupation	House Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. E. Gibbons M.D.
Address	47 Edmondson ave
Remarks	Healthy well developed

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 16th 1875
4. Place of Birth (Street and Number)	Hofman Street 1810
5. Full Name of Mother	Theresa Mead
6. Mother's Maiden Name	Theresa Caghlan
7. Mother's Birthplace	Ft Baltimore Md
8. Full Name of Father	Edward Mead
9. Father's Occupation	hunter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ulrig
Address	No 48 Holland St Baltimore Md
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Act. Record of Vital Statistics in the City of Baltimore.

1691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 22 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored (Negro)
3. Date of Birth ~~21 March~~ 16th 1875
4. Place of Birth (Street and Number) 21 Vine St
5. Full Name of Mother Mary Custis
6. Mother's Maiden Name Mary Dunton
7. Mother's Birthplace Acomac Co. Virginia
8. Full Name of Father John Custis
9. Father's Occupation Laborer
10. Father's Birthplace Acomac Co Virginia

Name of Medical Attendant, or other Person who makes this Return. J. A. Gilliss M.D.

Address 23 N. Greene St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1692

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 16t 1875
4. Place of Birth (Street and Number) West St No 238 Balto md
5. Full Name of Mother Lewis Bary
6. Mother's Maiden Name " "
7. Mother's Birthplace Calvet Co. md
8. Full Name of Father No Know
9. Father's Occupation " "
10. Father's Birthplace " "

Name of Medical Attendant, or other Person who makes this Return.

Address Mibley Gross No 1 Patapsco Av Balt md

Remarks Now one But my Selft At Present

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1693

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	March 16. 75.
4. Place of Birth (Street and Number)	527 East Fayette St
5. Full Name of Mother	Sophie Bachman.
6. Mother's Maiden Name	Bachman
7. Mother's Birthplace	Germania
8. Full Name of Father	Isaac Bachman.
9. Father's Occupation	Grocer
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Frank. St
Remarks	Still Born

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1694

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 Th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	March. 16. 75
4. Place of Birth (Street and Number)	93. E. Washington. St
5. Full Name of Mother	Wilhelmine Dahl
6. Mother's Maiden Name	Holste.
7. Mother's Birthplace	Germania
8. Full Name of Father	August Dahl
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Bushmann
Address	120. Bank. St.
Remarks	Still Born.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth March 16th 1875
4. Place of Birth (Street and Number) No 15. Chappellst.
5. Full Name of Mother Maria Elisabeth Herghart
6. Mother's Maiden Name " " Scherf
7. Mother's Birthplace Germany
8. Full Name of Father Alexander Herghart
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D

Address 27 N. Broadway

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 16th March 875.
4. *Place of Birth* (Street and Number) 52 Register St.
5. *Full Name of Mother* Therese Roesch
6. *Mother's Maiden Name* " Kinze
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* franz Roesch
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1697

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 16th March 875

4. *Place of Birth (Street and Number)* 109 E. Lombard St.

5. *Full Name of Mother* Fegdesta Johnson

6. *Mother's Maiden Name* " Frost.

7. *Mother's Birthplace* U. States.

8. *Full Name of Father* Thom. Johnson

9. *Father's Occupation* Brewster.

10. *Father's Birthplace* U. States.

Name of Medical Attendant, or other Person who makes this Return. Sarah. Jasper

Address 52 E. Lombard St "

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 16 "75
4. Place of Birth (Street and Number)	13 Johns Alley
5. Full Name of Mother	Annie Myers
6. Mother's Maiden Name	" Cumbash
7. Mother's Birthplace	Fredrick Co Md
8. Full Name of Father	John Myers
9. Father's Occupation	Laborer
10. Father's Birthplace	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return.	H D Brooks M D
Address	143 N Eutaw St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 17 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 16th 1875
4. Place of Birth (Street and Number)	56 Pearl Street
5. Full Name of Mother	Louisa Heimiss
6. Mother's Maiden Name	Louisa Young
7. Mother's Birthplace	Lur Germany
8. Full Name of Father	Charles H. Heimiss
9. Father's Occupation	Tailor
10. Father's Birthplace	Saxon Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Ward
Address	56 Pearl Street
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) boy
2. Race or Color (if not of the white race) Withe
3. Date of Birth 17 March
4. Place of Birth (Street and Number) 3 Canton Avenue No 362
5. Full Name of Mother Syndonia Gard
6. Mother's Maiden Name " Hobbins
7. Mother's Birthplace Portsmouth England
8. Full Name of Father John Gard
9. Father's Occupation ~~Waterlos~~ confectionary
10. Father's Birthplace Waterlos England

Name of Medical Attendant, or other Person who makes this Return. A. Maria Lederer

Address No. 23 South Durham Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 17th 1875
4. Place of Birth (Street and Number) 677 W Lombard St
5. Full Name of Mother Susie Hann
6. Mother's Maiden Name Macher
7. Mother's Birthplace Balto city
8. Full Name of Father Charles Hann
9. Father's Occupation Clerk
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Jas. H. Currey

Address 76 S Paca St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 17. 1875.
4. Place of Birth (Street and Number) 11 E. Fayette St.
5. Full Name of Mother Johnah Teresa Myers.
6. Mother's Maiden Name Johnah T. Burke
7. Mother's Birthplace Balt. Md.
8. Full Name of Father James A. Myers
9. Father's Occupation Clerk.
10. Father's Birthplace Troy N. Y.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville, Rusk Md.

Address Balt & Washington St.

Remarks Natural

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth March 17th 1875
4. Place of Birth (Street and Number) 38 L: Monument st:
5. Full Name of Mother Maria Proctor
6. Mother's Maiden Name Maria Jordan
7. Mother's Birthplace ~~Frederick~~ Ellicott City
8. Full Name of Father Joseph Proctor
9. Father's Occupation Nothing
10. Father's Birthplace Frederick

Name of Medical Attendant, or other Person who makes this Return. Sarah Dunole

Address 33 L: Monument st:

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1904

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st & ~~2d~~ 2nd

1. Sex (state whether Male or Female) 2 Males
2. Race or Color (if not of the white race)
3. Date of Birth March 17th
4. Place of Birth (Street and Number) ~~Cor~~ 255 S. Eutaw
5. Full Name of Mother Julia Bundly
6. Mother's Maiden Name " Buck
7. Mother's Birthplace Germany
8. Full Name of Father Henry Bundly
9. Father's Occupation Bar Keeper
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Wherford Cook M.D.

Address 146 Hanover St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17th 1875
4. Place of Birth (Street and Number)	No 57 E. Chapel St. F.P.
5. Full Name of Mother	Sarah Grimes Fisher
6. Mother's Maiden Name	Sarah Grimes
7. Mother's Birthplace	America
8. Full Name of Father	Joseph Fisher
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	No 178 E. Chapel St F.P.
Remarks	

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17th 1875
4. Place of Birth (Street and Number)	No 12 Cathedral Street
5. Full Name of Mother	Margaret Taylor Murdoch
6. Mother's Maiden Name	Margaret Taylor Falconer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Russell Murdoch
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Reggin Buckler
Address	135 N Charles St
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 17th 1875
4. Place of Birth (Street and Number)	61 S Caroline Street
5. Full Name of Mother	Anna Buttler
6. Mother's Maiden Name	Anna Magher
7. Mother's Birthplace	Irland
8. Full Name of Father	Martin Buttler
9. Father's Occupation	salesman in a Store
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Gabler
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	14 March.
4. Place of Birth (Street and Number)	247 Battery av.
5. Full Name of Mother	Catharin Sanders.
6. Mother's Maiden Name	Catharin Wallschmundt.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jas. Sanders.
9 Father's Occupation	printer.
10. Father's Birthplace	Germena.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin.
Address	West St. No. 128.
Remarks	

RETURN OF A BIRTH.

1709

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 25 1875
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th
1. Sex (state whether Male ~~or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 17th March 1875
4. Place of Birth (Street and Number) 28 Johnson St
5. Full Name of Mother Gertrude Schraeder
6. Mother's Maiden Name " Sandmeyer
7. Mother's Birthplace Germany
8. Full Name of Father August Schraeder
9. Father's Occupation Clerk
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. A. W. Dodgson M.D.
Address 207 Hanover St
Remarks Breech presentation - complicated with subsequent Haemorrhage & Phthisis Pulmonalis.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1710

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	17 of March
4. Place of Birth (Street and Number)	N. 238 Caroline St
5. Full Name of Mother	Doris
6. Mother's Maiden Name	Rehling
7. Mother's Birthplace	Provinz Hannover
8. Full Name of Father	August Schollmeyer
9. Father's Occupation	Cour maker
10. Father's Birthplace	Provinz Hannover
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Pfarr Midwife
Address	N. 240 Eager Street
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 March 1875
4. Place of Birth (Street and Number)	57 N. Carey St
5. Full Name of Mother	—
6. Mother's Maiden Name	—
7. Mother's Birthplace	—
8. Full Name of Father	Charles Decker
9. Father's Occupation	Tobacco Merch't.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Hen. Wheaton
Address	581 Lexington St.
Remarks	(Labor normal)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	Black "
3. Date of Birth	March 14th 75
4. Place of Birth (Street and Number)	No 8 Decker St.
5. Full Name of Mother	Mary L Whitney
6. Mother's Maiden Name	Caldwell
7. Mother's Birthplace	City
8. Full Name of Father	Unknown
9. Father's Occupation	Horse Trainer
10. Father's Birthplace	Maryland "
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Nelson
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Female –
2. Race or Color (if not of the white race) White
3. Date of Birth March 17th 1875 10. P.m.
4. Place of Birth (Street and Number) 125. N. Gay. str.
5. Full Name of Mother Mary. A Weil.
6. Mother's Maiden Name Mary. A. Black –
7. Mother's Birthplace Baltimore. Md.
8. Full Name of Father Henry. Weil
9. Father's Occupation Shoe. Merchant –
10. Father's Birthplace Baltimore. County. Md

Name of Medical Attendant, or other Person who makes this Return. G C Dohnee, – M.D.

Address No 86. E. Fayette Str –

Remarks (Natural Face presentation.)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

17114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	17th March
4. Place of Birth (Street and Number)	3 College Alley
5. Full Name of Mother	Lizie Trumon
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	Carrol Co'
8. Full Name of Father	Levi Trumon
9. Father's Occupation	Waiter
10. Father's Birthplace	Fredrick City
Name of Medical Attendant, or other Person who makes this Return.	Ann Maria Duffy nurse
Address	12 Durcin alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 17th 1875
4. *Place of Birth (Street and Number)* No 270 Center Avenue
5. *Full Name of Mother* Maggie Fischer
6. *Mother's Maiden Name* Maggie Bottmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Fischer
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegust

Address No 182 Monument Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 17th, 1875
4. Place of Birth (Street and Number) ev No. 19 Harrison St Baltimore Md
5. Full Name of Mother Margaret O. Connor
6. Mother's Maiden Name Margaret Collins
7. Mother's Birthplace Baltimore
8. Full Name of Father William O'Connor
9. Father's Occupation Furniture Dealer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. John Morris

Address ev No. 5 Franklin St Baltimore Md.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth March th 1st 1875
4. Place of Birth (Street and Number) No 111 Moores alley
5. Full Name of Mother Caroline doughlass
6. Mother's Maiden Name Caroline Meyers
7. Mother's Birthplace Baltimore
8. Full Name of Father Benjamin doughlass
9. Father's Occupation drayman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Ann Bordley Jr

Address 85 Orchard Street

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1718

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 17th 1875
4. *Place of Birth (Street and Number)* 407 S. Charles St Balt.
5. *Full Name of Mother* Sarah Ann Miller
6. *Mother's Maiden Name* " " Armiger
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Oliver P. Miller
9. *Father's Occupation* Weigher of Coal
10. *Father's Birthplace* Rockville Montgomery Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Dare M.D.

Address 91 Frederick Avenue

Remarks Duration of Labor about 10 hours Delivery natural

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children ..

1719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

No. of Child of Mother (state whether [redacted], 3d, &c.)	
1. *Sex* (state whether Male or Female)	Männlich
2. *Race or Color* (if not of the white race)	Weiß
3. *Date of Birth*	17 März
4. *Place of Birth* (Street and Number)	Lombardstraße 42
5. *Full Name of Mother*	Louise Jung
6. *Mother's Maiden Name*	Louise Runling
7. *Mother's Birthplace*	Deutschland
8. *Full Name of Father*	Ferdinand Runling
9. *Father's Occupation*	Tischmacher
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this Return.	Hebamme Münz
Address	74 Lombardstraße
Remarks	

Duct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 24 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixths
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 March
4. Place of Birth (Street and Number)	218 Hamburg St.
5. Full Name of Mother	Agusta Lanecke
6. Mother's Maiden Name	Albrecht
7. Mother's Birthplace	Prussia
8. Full Name of Father	Theodore Haneke
9. Father's Occupation	Grocery dealer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Heath
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1721

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 17th 1875
4. *Place of Birth* (Street and Number) S. Bond St. No 259 Baltimore City
5. *Full Name of Mother* Margaretha Wirnzhofer
6. *Mother's Maiden Name* Margaretha Dollinger
7. *Mother's Birthplace* Markelbach N. Baiern Germany
8. *Full Name of Father* Peter Wirnzhofer
9. *Father's Occupation* Tobacco Work
10. *Father's Birthplace* Waldmunchen N. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St No 26

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th March 1875.
4. *Place of Birth (Street and Number)* 111. Madison st.
5. *Full Name of Mother* Mary Rosenberger
6. *Mother's Maiden Name* Finch
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Rosenberger
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Watts

Address 125 North Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1915 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* march 17th 1875

4. *Place of Birth (Street and Number)* N:36 Edward St

5. *Full Name of Mother* Agnes Maddox

6. *Mother's Maiden Name* Agnes Hall

7. *Mother's Birthplace* State of Maryland

8. *Full Name of Father* Daniel Maddox

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. C. T. Trautman M.D.

Address N: 187 E. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1724

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
20
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1. th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 17. 75.
4. Place of Birth (Street and Number)	3. Portugal Alley.
5. Full Name of Mother	Elizabeth Liebelth
6. Mother's Maiden Name	= Bierlein
7. Mother's Birthplace	Germania
8. Full Name of Father	Georg Liebelth
9. Father's Occupation	Laboror
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank st.
Remarks	Still Born.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1725

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 17th 1875
4. *Place of Birth (Street and Number)* No 70 Eastern Ave.
5. *Full Name of Mother* Barbara Lohmann
6. *Mother's Maiden Name* " Schneider
7. *Mother's Birthplace* City
8. *Full Name of Father* Adam Lohmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17
4. Place of Birth (Street and Number)	160 N. High st
5. Full Name of Mother	Margaret Young
6. Mother's Maiden Name	
7. Mother's Birthplace	Balt
8. Full Name of Father	John Young
9. Father's Occupation	Clerk
10. Father's Birthplace	Penna
Name of Medical Attendant, or other Person who makes this Return.	Thos B Latimer M.D.
Address	248 Madison ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 17th 1875
4. Place of Birth (Street and Number) 134 S Wolfe St Balto
5. Full Name of Mother Margret Hubbard
6. Mother's Maiden Name Margt Lentz
7. Mother's Birthplace Germany
8. Full Name of Father Henry C. Hubbard
9. Father's Occupation Tinner
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Frey

Address No. 193 So. Chester St Balto

Remarks Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1728

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 17th 75
4. Place of Birth (Street and Number)	222 Pierce st
5. Full Name of Mother	Mary Rebeca Vandaniker
6. Mother's Maiden Name	" " Lucker
7. Mother's Birthplace	Balto City
8. Full Name of Father	Joseph Vandaniker
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	John D Pennington
Address	210 Franklin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Mch 17th 1875
4. Place of Birth (Street and Number)	No. 529 W. Baltimore Street
5. Full Name of Mother	Minna Ruben
6. Mother's Maiden Name	Minna Merzern
7. Mother's Birthplace	Russia
8. Full Name of Father	Bernhard Ruben
9 Father's Occupation	Store Keeper
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M.D.
Address	88 N Eutaw Street
Remarks	Slow dilatation of the Os inertia, forceps delivery

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth March 17
4. Place of Birth (Street and Number) 224 S. Bond St
5. Full Name of Mother Johanne Mormann
6. Mother's Maiden Name Johanne Niemeier
7. Mother's Birthplace Lippe-Detmold
8. Full Name of Father Henry Mormann
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Haidlage

Address No 284 S. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 1
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	African
3. *Date of Birth*	March 17 1875
4. *Place of Birth (Street and Number)*	Balt City no number 231
5. *Full Name of Mother*	Hetta Gibson
6. *Mother's Maiden Name*	Hetta Cornish
7. *Mother's Birthplace*	Somerset County
8. *Full Name of Father*	Louis Cornish
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	Balt City MD
Name of Medical Attendant, or other Person who makes this Return.	Mary Chase Midwife
Address	Mrs Mary Chase Ricketts corner of 6
Remarks	

1732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 1/4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 17, 1875.
4. *Place of Birth (Street and Number)* 331 Fairy Alley.
5. *Full Name of Mother* Mary Davis
6. *Mother's Maiden Name* " Shepherd
7. *Mother's Birthplace* Richmond
8. *Full Name of Father* John Davis
9. *Father's Occupation* Drayman.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Henry Walter

Address 125 North Caroline St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Office of the Board of Health aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 19, 1875 BALTIMORE

1733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 19 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1875
4. Place of Birth (Street and Number)	No 37 N. Chapel st
5. Full Name of Mother	Alberta Mc Elwee
6. Mother's Maiden Name	Alberta Worthington
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Mc Elwee
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Pierce G. Dauchnes
Address	27 N. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) boy
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* March 15th 1875
4. *Place of Birth* (Street and Number) No 49 Burgundy Alley
5. *Full Name of Mother* Annie Roberson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Kentucksland Md
8. *Full Name of Father* not Known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 71 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 March.
4. Place of Birth (Street and Number)	Wilmot St, No. 168.
5. Full Name of Mother	Julia Kirwan
6. Mother's Maiden Name	Julia Hains.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Kirwan.
9 Father's Occupation	Driver.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin.
Address	Wat. St. No. 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1736

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 18th 1875
4. Place of Birth (Street and Number) #49 Chew. St. Cor Asquith
5. Full Name of Mother Rachael Krebs
6. Mother's Maiden Name Rachael Mead
7. Mother's Birthplace Balto
8. Full Name of Father Jacob E. Krebs
9. Father's Occupation Pork Packer
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. P. L. Rimmerman

Address 73 E Pratt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth 18th March 1875
4. Place of Birth (Street and Number) 359 Williams St
5. Full Name of Mother Margareth Christee
6. Mother's Maiden Name " Gerhauser
7. Mother's Birthplace Germany
8. Full Name of Father Otto Christee
9. Father's Occupation Civil Engineer & Clerk
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A. W. Dodge M.D.

Address 201 Hanover St.

Remarks Uncomplicated labor.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1738

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 18th March 1875

4. *Place of Birth (Street and Number)* No 28 South Street

5. *Full Name of Mother* Caroline Brewington

6. *Mother's Maiden Name* Caroline Jones

7. *Mother's Birthplace* Worcester Co Md

8. *Full Name of Father* Charles H. Brewington

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Worcester Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Howell

Address 279 N Longh st

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 18th 1876

4. Place of Birth (Street and Number) 27 Walnut Alley

5. Full Name of Mother Maria Kauffman

6. Mother's Maiden Name Maria Knoblauch

7. Mother's Birthplace Kurhesse Germany

8. Full Name of Father Henry Kauffman

9. Father's Occupation Lasemaker

10. Father's Birthplace Sachsen Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

[illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1740

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 18 of March
4. *Place of Birth (Street and Number)* Chase Street
5. *Full Name of Mother* Katharina
6. *Mother's Maiden Name* Ermer
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Friedrich Löhr
9. *Father's Occupation* Tailor
10. *Father's Birthplace* ~~Prussia~~ Preisen

Name of Medical Attendant, or other Person who makes this Return. Dorothea Pfarr Midwife

Address N. 246 Eager Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1741

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Thirteenth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 18th 1875
4. Place of Birth (Street and Number) 21 Bartlett st
5. Full Name of Mother Susanne Williams
6. Mother's Maiden Name Susanne Carson
7. Mother's Birthplace Baltimore
8. Full Name of Father John Williams
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. M. Colburn

Address 166 S. Paca st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* march 18th
4. *Place of Birth (Street and Number)* 7 Henrietta St
5. *Full Name of Mother* Louisa
6. *Mother's Maiden Name* Hesse
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Frederick Schirm
9. *Father's Occupation* gunsmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. L Fillorawitz M.D

Address 137 W. Fayette St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1743

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 18th 1875
4. Place of Birth (Street and Number) Bryan st No 8 Baltimore M.T.
5. Full Name of Mother Bridget Griffin
6. Mother's Maiden Name Bridget Carma
7. Mother's Birthplace Ireland
8. Full Name of Father Anthony Griffin
9. Father's Occupation Carter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McKenny st Baltimore M.T.

Remarks Child and mother are getting a long fine

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1744

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th
4. Place of Birth (Street and Number)	Baltimore. Caroline street No. 61
5. Full Name of Mother	Annie Butler
6. Mother's Maiden Name	Annie Maher
7. Mother's Birthplace	Tipperary Ireland
8. Full Name of Father	Martin Butler
9. Father's Occupation	Foreman in a leather Store
10. Father's Birthplace	Tipperary Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	Number 202 South Charles street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 18 1875
4. Place of Birth (Street and Number) 6 Eyting St
5. Full Name of Mother Mary Elizabeth Holland
6. Mother's Maiden Name Bumpass
7. Mother's Birthplace Virginia
8. Full Name of Father William Samuel Holland
9. Father's Occupation Expressman
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. D Littlehew M.D.

Address 154 [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1746

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR 22 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th
4. *Place of Birth (Street and Number)* 126 W. Biddle St
5. *Full Name of Mother* Mary Howard Murdoch
6. *Mother's Maiden Name* Mary Howard Lann
7. *Mother's Birthplace* Philadelphia Pa
8. *Full Name of Father* John Murdoch
9. *Father's Occupation* Civil Engineer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Jno T. Murdoch MD

Address 107 St Paul St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* 18th March 1875.
4. *Place of Birth* (Street and Number) Baltimore Co York road.
5. *Full Name of Mother* Ida J A Evans.
6. *Mother's Maiden Name* Ida J Mc Courtney.
7. *Mother's Birthplace* Baltimore. Md.
8. *Full Name of Father* George W. Evans.
9. *Father's Occupation* Stone. Cutter.
10. *Father's Birthplace* Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter.

Address 125 North Caroline St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth (4)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th
4. Place of Birth (Street and Number)	368 Canton Avenue
5. Full Name of Mother	Mary Garrett
6. Mother's Maiden Name	Mary Garrett
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Garrett
9. Father's Occupation	Laborer
10. Father's Birthplace	Inland
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	# 31 Luzerne St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1749

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored "
3. *Date of Birth* Thursday 7 oclock 1875 18 March
4. *Place of Birth (Street and Number)* Baltimore County dorham street 207
5. *Full Name of Mother* Marina Hatten
6. *Mother's Maiden Name* Marina Custis "
7. *Mother's Birthplace* Accamac Virginia
8. *Full Name of Father* Joshua Hatten
9. *Father's Occupation* Sugar House
10. *Father's Birthplace* Accamac Virginia

Name of Medical Attendant, or other Person who makes this Return. Sothia Hines

Address 155 Chesnut Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1750

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child.

1. Sex (state whether Male or Female) a Male "

2. Race or Color (if not of the white race) the White race.

3. Date of Birth 18 of March. 1875

4. Place of Birth (Street and Number) No 1 Bonest Ally

5. Full Name of Mother Barbara ~~Whiserner~~ Fortor

6. Mother's Maiden Name Barbra Whiserner

7. Mother's Birthplace born in Germany

8. Full Name of Father Samuel Fortor

9. Father's Occupation a Horse Doctor.

10. Father's Birthplace born in Germany

Name of Medical Attendant, or other Person who makes this Return Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 18th 1875
4. Place of Birth (Street and Number)	No 2 Troxell St.
5. Full Name of Mother	Mary Burns
6. Mother's Maiden Name	Mary Dunn
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John F. Dunn
9. Father's Occupation	Collar Maker.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Silas H. Hunter M.D.
Address	111 Greenmount Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1752

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 8th Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th of March 1875
4. Place of Birth (Street and Number)	No 395 William st.
5. Full Name of Mother	Margareth Cristel.
6. Mother's Maiden Name	Gerheiser.
7. Mother's Birthplace	America.
8. Full Name of Father	Otto Cristel.
9. Father's Occupation	Druggist.
10. Father's Birthplace	Germany. (Prussia.)
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasser midwife
Address	No 213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1753

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 20 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1875.
4. Place of Birth (Street and Number)	44 Penna. Avenue
5. Full Name of Mother	Rebecca Hartz
6. Mother's Maiden Name	Adler
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Moses Hartz
9. Father's Occupation	Furniture Dealer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1754

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 18th 1875
4. Place of Birth (Street and Number)	20 N Wyck Street
5. Full Name of Mother	Julia Schwartze
6. Mother's Maiden Name	Pennington
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Bernhard Schwartze
9 Father's Occupation	Fireman at Gas House
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M.D.
Address	88 N Eutaw Street
Remarks	Natural Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1753

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19th 1875
4. Place of Birth (Street and Number)	No. 80 Aisquith St.
5. Full Name of Mother	Emma Liza Spencer
6. Mother's Maiden Name	Ratcliffe
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Robert Spencer
9 Father's Occupation	Salesman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Dr. E. P. Bonn
Address	No. 406 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	3rd No. 19th 1875.
4. Place of Birth (Street and Number)	196 Barre St.
5. Full Name of Mother	Maggie Sunstrum
6. Mother's Maiden Name	Maggie Allen.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Sunstrum
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. Wiley M. D
Address	47 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 19 Mary.

4. *Place of Birth (Street and Number)* No. 223. Hamburg St.

5. *Full Name of Mother* Mary. Booker.

6. *Mother's Maiden Name* Mary. Beline.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Leandred Booker.

9 *Father's Occupation* House Painter.

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 19th 1875
4. *Place of Birth (Street and Number)* 314½ Mulberry St
5. *Full Name of Mother* Elizabeth McEtee
6. *Mother's Maiden Name* E. Dunn
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Jas. McEtee
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer MD

Address 379 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19 '75. 2 oc A M
4. Place of Birth (Street and Number)	21 Rock st
5. Full Name of Mother	Louisa Walker
6. Mother's Maiden Name	Hussmail
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Saml Walker
9. Father's Occupation	Fish Hawker
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Louis M Eastman
Address	849 W Lexington st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 25 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Infant.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19th 1875
4. Place of Birth (Street and Number)	Balto St. E. of Population St.
5. Full Name of Mother	Bertha Solomon
6. Mother's Maiden Name	Bertha Coblens
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Saml. Solomon
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	A. L. Spear M.D.
Address	375 N. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 6

1. *Sex* (~~state whether Male or~~ Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 19th March 1875
4. *Place of Birth* (Street and Number) 231 N Bond St.
5. *Full Name of Mother* Annie Catharine Beck
6. *Mother's Maiden Name* " " Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Beck.
9. *Father's Occupation* Printer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell M.D.

Address N W Cor Broadway & Madison St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2 de

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 19th 1875
4. Place of Birth (Street and Number) No 1 Monument Ave
5. Full Name of Mother Mary Lanz
6. Mother's Maiden Name Mary Kahl
7. Mother's Birthplace Germany
8. Full Name of Father Wilhelm Lanz
9. Father's Occupation Bacher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Hillegeist

Address No 182 Monument Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 19th 1876

4. Place of Birth (Street and Number) 120 Mother St

5. Full Name of Mother Mary E. Bramble

6. Mother's Maiden Name Mary E. Krager

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Mary E. Bramble

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1764

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 24 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth (8th)

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 19th 11 45 P.M. 1875
4. *Place of Birth* (Street and Number) No. 64 So. Caroline St.
5. *Full Name of Mother* Margaret Ann Horney
6. *Mother's Maiden Name* Margaret Ann Welles
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Samuel Christopher Horney
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wilkins M.D.

Address 69 So. Broadway

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1765

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19th 1875
4. Place of Birth (Street and Number)	174 Division Street
5. Full Name of Mother	Mrs Mary Gough
6. Mother's Maiden Name	Miss Mary Maguire
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas W. Gough
9. Father's Occupation	Book-Keeper
10. Father's Birthplace	St Mary's County Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. B. B. Browne M. D.
Address	307 Madison Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1766

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether Male or Female) Female

Race or Color (if not of the white race) White

Date of Birth 19th March 1875

Place of Birth (Street and Number) Baltimore Republican St 33

Full Name of Mother Mary Elizabeth Smith

Mother's Maiden Name " " Humphreys

Mother's Birthplace Baltimore Md

Full Name of Father Ferdinand Smith

Father's Occupation Moulder

Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm D. F. Larkin M.D.

Address Baltimore 648 W Lombard St

Remarks Physical condition normal, born viable &c

1767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 19th, 1875, at 11 o'clock P. M.
4. Place of Birth (Street and Number)	62 Block St.
5. Full Name of Mother	Emma R. Mitchell
6. Mother's Maiden Name	Emma R. Whaley
7. Mother's Birthplace	Baltimore City, Md.
8. Full Name of Father	Arthur Crittenden Mitchell
9. Father's Occupation	Seafaring man
10. Father's Birthplace	Cornersville, Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr. John H. Rehberger
Address	243 Alice Anna St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th Child.

1. Sex (state whether Male or Female) ~~Female~~. Male
2. Race or Color (if not of the white race) —
3. Date of Birth March 19th 1875.
4. Place of Birth (Street and Number) 87 William St.
5. Full Name of Mother Mary Ann. Mushaw.
6. Mother's Maiden Name " " Griffith.
7. Mother's Birthplace Balto. City.
8. Full Name of Father John Mushaw.
9. Father's Occupation Inspector of Steamers.
10. Father's Birthplace Balto City.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address 158. S. Sharp St.

Remarks Vertex Presentation. Child Living & Healthy.

Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

Mary Mahala Shenton

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first. living

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) —
3. Date of Birth March 19th 1875
4. Place of Birth (Street and Number) 140 Hanover St.
5. Full Name of Mother Fannie H. Shenton.
6. Mother's Maiden Name Fannie H. Fallings.
7. Mother's Birthplace Dorchester Co. Md.
8. Full Name of Father Moses A. Shenton
9. Father's Occupation Sailor.
10. Father's Birthplace Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address 158. S. Sharp St.

Remarks — OTHER NAME ADDED 2-24-53

L. M.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the Sixth Child

1. *Sex* (state whether Male or Female) Male,
2. *Race or Color* (if not of the white race) white,
3. *Date of Birth* the 19th Day of March 1875.
4. *Place of Birth* (Street and Number) No. 12 Ramsay Street,
5. *Full Name of Mother* Virginia, Weinhardt,
6. *Mother's Maiden Name* Virginia, Glass,
7. *Mother's Birthplace* Wurmberg, County Maulbronn, Würtemburg Germania
8. *Full Name of Father* Chas. Gottlob, Weinhardt,
9. *Father's Occupation* Confectionery
10. *Father's Birthplace* Ravensburg, Würtemburg, Germania,

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored race
3. Date of Birth Friday March 19 1874
4. Place of Birth (Street and Number) 269 Orleans St Baltimore Md
5. Full Name of Mother Annay Williams
6. Mother's Maiden Name unmarried
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father father name unnoen with me
9. Father's Occupation Cant say
10. Father's Birthplace Cant say

Name of Medical Attendant, or other Person who makes this Return. Lucinday Woolford midwife

Address Liran at 130 Register St Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1772

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child.

1. Sex (state whether Male or Female) Girl.
2. Race or Color (if not of the white race) weind.
3. Date of Birth geboren den 19. Marsh.
4. Place of Birth (Street and Number) central avenue No 285. Baltimore
5. Full Name of Mother Koenig Wirth
6. Mother's Maiden Name geborene Wirth
7. Mother's Birthplace geboren in Hohzhausen bei Cassel Kurhesse
8. Full Name of Father Georeg Koenig
9. Father's Occupation Schreiner
10. Father's Birthplace geboren in Tohksbag conton Drulingen Ekrass

Name of Medical Attendant, or other Person who makes this Return. Wirtburga Miller

Address Stirling St No 165.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Male, Healthy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th March 1875
4. *Place of Birth (Street and Number)* 73 North Oregon St
5. *Full Name of Mother* Johanna McDowell
6. *Mother's Maiden Name* Johanna Sedicord
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Wm McDowell
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Mass.

Name of Medical Attendant, or other Person who makes this Return. Wm Howard, M.D.

Address 228 Saratoga St

Remarks Natural labour at term, 6 hours duration

Sanitary Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th of March 1875.
4. *Place of Birth (Street and Number)* E. Fayette Str. No 92.
5. *Full Name of Mother* Mathilde Tiemann
6. *Mother's Maiden Name* M Storck
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Nic. Tiemann
9. *Father's Occupation* Professor of Music
10. *Father's Birthplace* Neuenburg (Nr Potsdam)

Name of Medical Attendant, or other Person who makes this Return Fred. Kelso, M. D.

Address No 52 N. Eutaw Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	W.
3. Date of Birth	19th March 87
4. Place of Birth (Street and Number)	19. Bank St.
5. Full Name of Mother	Kathe Koster
6. Mother's Maiden Name	" Kogmann
7. Mother's Birthplace	Germany.
8. Full Name of Father	Herman Koster
9. Father's Occupation	Taylor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 E. Lombard St.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	March 19th 1875
4. *Place of Birth* (Street and Number)	176. N. Wolfe st.
5. *Full Name of Mother*	Mary E. Baranger
6. *Mother's Maiden Name*	" " Rollinson
7. *Mother's Birthplace*	Kent County Maryland
8. *Full Name of Father*	James L. Baranger
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Pierre G. Daiuschmidt
Address	27. N. Broadway
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March the 19th
4. Place of Birth (Street and Number) 27 Central ave
5. Full Name of Mother Wilhelmine Schön
6. Mother's Maiden Name Naujops
7. Mother's Birthplace Königsbergs
8. Full Name of Father August Schoen
9. Father's Occupation Bricklayer
10. Father's Birthplace Koenigsberg

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemann

Address No 70 Granby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1778
1799

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twins
1. Sex (state whether Male or Female)	Male & Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Yesterday Mar 19 1875
4. Place of Birth (Street and Number)	Ramsey St
5. Full Name of Mother	Anna Virginia Arnold
6. Mother's Maiden Name	" Bower
7. Mother's Birthplace	York Penn.
8. Full Name of Father	Henry Bowers
9. Father's Occupation	Baker
10. Father's Birthplace	Lancaster Penn.
Name of Medical Attendant, or other Person who makes this Return.	J. S. Wiltshire
Address	398 Lafayette st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~1755~~
1780

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Female Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth März 19
4. Place of Birth (Street and Number) 399 Hamburgh Street
5. Full Name of Mother Frau Anna Hügele
6. Mother's Maiden Name Anna Trina Hunt
7. Mother's Birthplace Weißenburg im Hessen
8. Full Name of Father Georg Hügele
9. Father's Occupation Schlosser
10. Father's Birthplace Hohenberg und Wittenberg

Name of Medical Attendant, or other Person who makes this Return.

Address Miss M. Hyong.

Remarks 32 Leidenhall Street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Borne on the Twenty of March 1875
4. Place of Birth (Street and Number) No. 71 Monument St.
5. Full Name of Mother Barbara Bauer.
6. Mother's Maiden Name Barbara Reuss.
7. Mother's Birthplace Borne in Baltimore. Md
8. Full Name of Father John Bauer
9. Father's Occupation Works in a Saw mill
10. Father's Birthplace Borne in Steinbach Würtenberg. Ger.

Name of Medical Attendant, or other Person who makes this Return. Magdelena Bürgelt

Address No. 145 Columbia st near Fremont

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	20th March 1875
4. *Place of Birth* (Street and Number)	544 W. Lombard
5. *Full Name of Mother*	Martha Ellen Simmons
6. *Mother's Maiden Name*	Ward
7. *Mother's Birthplace*	Baltimore Co.
8. *Full Name of Father*	George Albert Simmons
9. *Father's Occupation*	Paperhanger
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	234 Hollins St.
Remarks	Physical Condition, Excellent.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1783

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 20th
4. Place of Birth (Street and Number)	344 W. Lombard
5. Full Name of Mother	Abigail McCallister
6. Mother's Maiden Name	Abigail Gould
7. Mother's Birthplace	Maryland
8. Full Name of Father	Samuel McCallister
9. Father's Occupation	Railroad Conductor
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Edwd F. Michael M.D
Address	279 W. Lombard
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1784

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth March 20th 75
4. Place of Birth (Street and Number) 243 W Lombard St.
5. Full Name of Mother Mary Adler
6. Mother's Maiden Name Mary Oppenheimer
7. Mother's Birthplace Balt City
8. Full Name of Father Abraham S. Adler
9. Father's Occupation Shoe Manufacturer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John I. R. Kroger M.D.

Address 273 W Lexington St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March th 20 1875
4. *Place of Birth (Street and Number)* hamburg st 303 Balt
5. *Full Name of Mother* Nancy Marchal
6. *Mother's Maiden Name* Thomas
7. *Mother's Birthplace* West moles contry ua
8. *Full Name of Father* Thomas H Marchal
9. *Father's Occupation* Salor
10. *Father's Birthplace* fat's macan

Name of Medical Attendant, or other Person who makes this Return. Susan & ben Strong

Address No 301 hamburg St

Remarks Balt Cty

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mch 20. 75. 12 3/4 Oct. A.M.
4. Place of Birth (Street and Number)	62 N. Poppleton St.,
5. Full Name of Mother	Mrs. Sophia Miller
6. Mother's Maiden Name	Sellers
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Absalom Miller
9. Father's Occupation	Carpenter
10. Father's Birthplace	Carrol Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Lewis M. Eastman
Address	3049 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	seventh
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 20th 1875
4. Place of Birth (Street and Number)	No 19 Collington Ave
5. Full Name of Mother	Anna Doering
6. Mother's Maiden Name	" Steigleider
7. Mother's Birthplace	Germany
8. Full Name of Father	George Doering
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Pierre G. Dausch. M. D.
Address	27. N. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1788.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Children.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 20 March.
4. Place of Birth (Street and Number) No. 409. Light. St.
5. Full Name of Mother Mary. Weber.
6. Mother's Maiden Name Mary. Mrar.
7. Mother's Birthplace Schnabanbach.
8. Full Name of Father Andrew Weber.
9. Father's Occupation Schumacher
10. Father's Birthplace Cannibah.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West. St. No. 128.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1789

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first Child.

1. *Sex (state whether Male or Female)* a Female.
2. *Race or Color (if not of the white race)* the White race
3. *Date of Birth* 20 of March.
4. *Place of Birth (Street and Number)* No 36 Burk St.
5. *Full Name of Mother* Francis Reinver.
6. *Mother's Maiden Name* Francis Katter.
7. *Mother's Birthplace* born in Germy.
8. *Full Name of Father* Ferdinant Reinver.
9. *Father's Occupation* a Tailor
10. *Father's Birthplace* in ~~Hanover~~ born Germy

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigelsinger

Address No 14 Union St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 20th 1875

4. Place of Birth (Street and Number) 47 Druid Hill Ave

5. Full Name of Mother Elizabeth Schiffer

6. Mother's Maiden Name Elizabeth [illegible]

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Joseph Schiffer

9. Father's Occupation Carpenter

10. Father's Birthplace St Vendel Bavaria

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth March th 20 1875

4. Place of Birth (Street and Number) Chesnut Street 33

5. Full Name of Mother Mary Lyttleth Francis B

6. Mother's Maiden Name Mary L Burz

7. Mother's Birthplace Niagara Canada

8. Full Name of Father Jam Edmonds Burz

9. Father's Occupation Sailor

10. Father's Birthplace Prince Fedric Calvert Co

Name of Medical Attendant, or other Person who makes this Return. Rosa Williams

Address No 70 Chesnut Street

Remarks Mother & Child doing Well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 d.

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) weiß.
3. Date of Birth 20. März. 1875.
4. Place of Birth (Street and Number) Corner Odonnel + Curly Str. Canton
5. Full Name of Mother Eva. Anna Ulrich
6. Mother's Maiden Name Herget
7. Mother's Birthplace Kurhessen
8. Full Name of Father Johann Ulrich
9. Father's Occupation Kaufmann.
10. Father's Birthplace Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Anna. Rimmen.

Address No 118. Curly Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1793

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 22nd 1875

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 20th 1875

4. Place of Birth (Street and Number) No 333 Eastern avenue

5. Full Name of Mother Josephine Gibert

6. Mother's Maiden Name Josephine Gatter

7. Mother's Birthplace Germania

8. Full Name of Father John Gibert

9. Father's Occupation Bar keeper

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S Wolf St.

Remarks —

1794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 20th 1875
4. Place of Birth (Street and Number)	334 Saratoga St.
5. Full Name of Mother	Mary Hartman
6. Mother's Maiden Name	Mary Straus
7. Mother's Birthplace	Virginia
8. Full Name of Father	Henry Hartman
9. Father's Occupation	Merchant
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	I. H. Butler M.D.
Address	144 Mulberry St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th March
4. Place of Birth (Street and Number)	212 Pratt St
5. Full Name of Mother	Martha Godfried
6. Mother's Maiden Name	Connely
7. Mother's Birthplace	~~Prussia~~ Baltimore
8. Full Name of Father	George Godfried
9. Father's Occupation	Fish dealer
10. Father's Birthplace	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Mary Knox
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1796

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th March
4. Place of Birth (Street and Number)	35 Light St.
5. Full Name of Mother	Sarah, Ann Moore
6. Mother's Maiden Name	Sarah, Ann Cunningham
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mich! O. Moore
9. Father's Occupation	Merchant
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary Brown
Address	328 South Eutaw St. Balt. Md.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1797

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the fourth

1. *Sex* (state whether Male or Female) Male health

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* born on the 20th of March 1875

4. *Place of Birth* (Street and Number) Balto. County

5. *Full Name of Mother* Christen Weil

6. *Mother's Maiden Name* Ch. Nagel

7. *Mother's Birthplace* Dorzbach Germanie.

8. *Full Name of Father* Lewis Weil

9. *Father's Occupation* Sheep Butcher

10. *Father's Birthplace* Hessen Darmstat Germanie

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood Street Balto.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1798

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* March 20th 1. A. M. 1875
4. *Place of Birth* (Street and Number) No 457 E. Fayette st.
5. *Full Name of Mother* Nannie Elizabeth Slattery
6. *Mother's Maiden Name* " " Scanlon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Florance William Slattery
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth March 21st 1875
4. Place of Birth (Street and Number) No 4 Clinton Street
5. Full Name of Mother Minnie Edelmann
6. Mother's Maiden Name " Kuester
7. Mother's Birthplace Germany
8. Full Name of Father Charles Edelman
9. Father's Occupation Brewer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Bushmann

Address 120 Bank str.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1800

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 21st 1875
4. *Place of Birth (Street and Number)* No 184 S Ann st
5. *Full Name of Mother* Katie Henderson
6. *Mother's Maiden Name* " Hamburger
7. *Mother's Birthplace* City
8. *Full Name of Father* John Henderson
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Sweden

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bastmann

Address 120 Bank st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 21th of March
4. Place of Birth (Street and Number) 145 Choptank St Baltimore city
5. Full Name of Mother Emma R Sauters
6. Mother's Maiden Name Emma R Kirby
7. Mother's Birthplace Baltimore city
8. Full Name of Father Harmon H Sauters
9. Father's Occupation Mariner
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153 Choptank St

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
5
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* March 21
4. *Place of Birth* (Street and Number) 301 Alic. Ann. St
5. *Full Name of Mother* Anna Menning
6. *Mother's Maiden Name* Anna Albers
7. *Mother's Birthplace* Hannover
8. *Full Name of Father* Johann Menning
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baiern

Name of Medical Attendant, or other Person who makes this Return. Regina Heilage

Address No 289 S. Ann St

Remarks

1803

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 6th 1875
4. Place of Birth (Street and Number) N 203 Madison Avenue
5. Full Name of Mother Catherine Hiss
6. Mother's Maiden Name Catherine Boyce
7. Mother's Birthplace Baltimore
8. Full Name of Father George A Hiss
9. Father's Occupation Agent
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H Chetard M.D.

Address N 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 21st March 1875
4. Place of Birth (Street and Number) 525 N Fremont st
5. Full Name of Mother Laura Dickel
6. Mother's Maiden Name Laura Lecompt
7. Mother's Birthplace Baltimore
8. Full Name of Father John Dickel
9. Father's Occupation Supercargo
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster p.

Address 57 Barrett

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 21. 1875.
4. Place of Birth (Street and Number)	16 Jackson St.
5. Full Name of Mother	Ella Jane Reiff.
6. Mother's Maiden Name	Ella Jane Slingluff
7. Mother's Birthplace	Pennsylvania.
8. Full Name of Father	Daniel A. Reiff.
9. Father's Occupation	Railroad Conductor
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hack M.D.
Address	75 E. Baltimore St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1806

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5ter Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~Febr.~~ March. 21th 1875
4. *Place of Birth (Street and Number)* Eastern Av. No. 211
5. *Full Name of Mother* Katharine Martini
6. *Mother's Maiden Name* Katharine Herzberger
7. *Mother's Birthplace* Large Gr. Hessen Gamany
8. *Full Name of Father* Hermann. Martini
9. *Father's Occupation* Grocier
10. *Father's Birthplace* Polenzko Hay. Anhalt Dessau Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1807

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 21st 1875
4. Place of Birth (Street and Number) Blaerod no number
5. Full Name of Mother Maggie Miller
6. Mother's Maiden Name Maggie Zink
7. Mother's Birthplace Germany
8. Full Name of Father Henry Miller
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Nina Hillegeist

Address No 182 Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th =
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	21st March 875
4. Place of Birth (Street and Number)	14 now. Church St.
5. Full Name of Mother	Christine Simon
6. Mother's Maiden Name	" Dofferth
7. Mother's Birthplace	Germany.
8. Full Name of Father	augh Simon
9. Father's Occupation	Boxmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah. Jaspen
Address	52 E. Lombard St.
Remarks	

1809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21th Marz 874
4. *Place of Birth (Street and Number)* 192 Exeter St.
5. *Full Name of Mother* Bridget Ryall
6. *Mother's Maiden Name* " Kearnes
7. *Mother's Birthplace* U. Staats.
8. *Full Name of Father* Patrick Ryall
9. *Father's Occupation* Machinist
10. *Father's Birthplace* U. Staats.

Name of Medical Attendant, or other Person who makes this Return. Sarah Jasper.

Address 52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1810

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sunday March 21st 1875
4. *Place of Birth (Street and Number)* Balto Alice Ann St. No 308
5. *Full Name of Mother* Louisa Tresie ~~Buttgereicht~~ Schleibaum
6. *Mother's Maiden Name* Louisa Tresie Buttgereicht
7. *Mother's Birthplace* Konigberg Prussia
8. *Full Name of Father* August Ludwig Schleibaum
9. *Father's Occupation* Cabinett Maker
10. *Father's Birthplace* Osnabrücke

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Wiley

Address No 12 Patterson Park Row

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Withe
3. Date of Birth 21 Marz.
4. Place of Birth (Street and Number) 245 Battery av.
5. Full Name of Mother Babara Nun.
6. Mother's Maiden Name Babra. Kuna
7. Mother's Birthplace Wahrod Bawn
8. Full Name of Father poulus Nun.
9. Father's Occupation Houseabendar.
10. Father's Birthplace Zuiskalmur. Buiburn.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West. St. No. 125.

Remarks

Extract Regulations of the Board of Health to secure a [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st March 1875
4. Place of Birth (Street and Number)	254 Forest St. Baltimore City
5. Full Name of Mother	Margt Treul
6. Mother's Maiden Name	Margt Dolan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Francis Treul
9. Father's Occupation	Works in St Augustine house
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mr Ursula S Christine
Address	No 121 E Monument St Baltimore City
Remarks	M D

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1813

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21st 1875
4. Place of Birth (Street and Number)	26 S. Broadway Balt. city
5. Full Name of Mother	Emma Teresa Morris
6. Mother's Maiden Name	" " Van Sook
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	A. P. Morris
9. Father's Occupation	Journalist
10. Father's Birthplace	Safe Harbor Lancaster Co. Pa.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D.
Address	114 S. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth March 21st 1875
4. Place of Birth (Street and Number) 43 N. Poppleton Sd
5. Full Name of Mother Laura B. Sellers.
6. Mother's Maiden Name Laura B. Hopkins.
7. Mother's Birthplace Drummondtown Accomac Co Va
8. Full Name of Father Jacob Sellers, Jr.
9. Father's Occupation Painter.
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

Address John J. R. Skrozer, Md.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5th

1. *Sex* (state whether Male or Female) Female healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 21 of March 1875
4. *Place of Birth* (Street and Number) No 82 Frederick Avenue Balto.
5. *Full Name of Mother* Mina Albert
6. *Mother's Maiden Name* Mina Holy
7. *Mother's Birthplace* born in Cassel Germania
8. *Full Name of Father* George Albert
9. *Father's Occupation* Machenist
10. *Father's Birthplace* Schmalkalden Germanie

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood St. Balto

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1816

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5th

1. *Sex (state whether Male or Female)* Male healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 21st of March 1875
4. *Place of Birth (Street and Number)* Balto. Street Balto. County
5. *Full Name of Mother* Carline Herr
6. *Mother's Maiden Name* Carline Glasser
7. *Mother's Birthplace* born in Baltimore
8. *Full Name of Father* Charles Herr
9. *Father's Occupation* Lager Beer Saloon Kuber
10. *Father's Birthplace* Hessen Germanie

Name of Medical Attendant, or other Person who makes this Return. Lizzie Killar

Address No 59 Smallwood St. Balto.

Remarks

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth March 21st 1875

4. Place of Birth (Street and Number) 43 Cannon st.

5. Full Name of Mother Anna Shmeisner

6. Mother's Maiden Name " Barser

7. Mother's Birthplace Germany

8. Full Name of Father John Shmeisner

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D.

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21 1875
4. Place of Birth (Street and Number)	No 3 Hollins Ally
5. Full Name of Mother	Catherine Schroolden
6. Mother's Maiden Name	" " McConnele
7. Mother's Birthplace	England
8. Full Name of Father	Wm Schroolden
9. Father's Occupation	Tinner
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Anna Dunler
Address	No 60 N Schroeder St
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Male) 5th Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 22nd 1875
4. *Place of Birth (Street and Number)* N° 175 S Gist Str
5. *Full Name of Mother* Wilhelmina S. Seidler
6. *Mother's Maiden Name* " S. Pdhe
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Seidler
9. *Father's Occupation* Teacher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1820

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
26
1875
BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, ~~&c.~~)

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (~~if not of the~~ white ~~race~~)

3. Date of Birth 22nd March 1875

4. Place of Birth (Street and Number) No — Chase st near Gay

5. Full Name of Mother Sarah Emma Sunderling

6. Mother's Maiden Name Sarah Emma Taylor,

7. Mother's Birthplace Balto City Md

8. Full Name of Father John L Sunderling

9. Father's Occupation Painter

10. Father's Birthplace Balto City, Md,

Name of Medical Attendant, or other Person who makes this Return. J Ridgway Andre M D

Address No 121 E Balto st Md

Remarks

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Children

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Withe
3. Date of Birth 22 Marz.
4. Place of Birth (Street and Number) Lawley St. No. 22.
5. Full Name of Mother Laurjiana. pagal.
6. Mother's Maiden Name Laurjiana Lindamann.
7. Mother's Birthplace Harzogthum Lauenshwing
8. Full Name of Father Charles. pagal.
9. Father's Occupation Shumaker.
10. Father's Birthplace Harzogthum Lauenshwing

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West. St. No. 128.

Remarks

Extract Registration of Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 22. 1875
4. Place of Birth (Street and Number)	82 S. Eden St
5. Full Name of Mother	Mary Catharine Agnew
6. Mother's Maiden Name	Mary Catharine ~~Fuller~~ Pulse
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas J. Agnew
9 Father's Occupation	Clerk
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mahlon Brown MD
Address	201 E. Biddle Street
Remarks	

Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1823

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) female "

2. Race or Color (if not of the white race) White

3. Date of Birth March 22nd 1875

4. Place of Birth (Street and Number) No 49 Lee St.

5. Full Name of Mother Theresa McConnor

6. Mother's Maiden Name Theresa Boyle

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Capt Thomas McConnor Thomas

9. Father's Occupation Sea Captain

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. M Hammond MD

Address 53 N Paca St Balt

Remarks Natural & quick delivery

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1874

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 22nd 1875
4. *Place of Birth (Street and Number)* 484 Franklin St Baltimore
5. *Full Name of Mother* Sarah E Noel
6. *Mother's Maiden Name* Sarah E Rothrock
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William A. Noel
9. *Father's Occupation* Custom House Clerk
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. W. Hammond M.D.

Address 53 S. Paca St Balt

Remarks Natural and quick. Labor

living and well. Healthy

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1825

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 22nd 1875
4. Place of Birth (Street and Number) 19 Mullikin Street
5. Full Name of Mother Sarah Elizabeth Commons
6. Mother's Maiden Name Sarah Elizabeth McLaughlin
7. Mother's Birthplace Cambridg Dorchester County Maryland
8. Full Name of Father Harrison Commons
9. Father's Occupation Oyster Shucker
10. Father's Birthplace Talbot County Md.

Name of Medical Attendant, or other Person who makes this Return. Henrietta Glasgow

Address

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child first Mother

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth March 22 1875
4. Place of Birth (Street and Number) Corner Carry and Columbia Av
5. Full Name of Mother Mary Ellen King
6. Mother's Maiden Name Mary Ellen McElvaney
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Albert King
9. Father's Occupation Panter
10. Father's Birthplace Long Island NJ

Name of Medical Attendant, or other Person who makes this Return. Seabook

Address West Lyatt Catharine Seabach

Remarks 457

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 22nd 1875
4. Place of Birth (Street and Number) N 293 N Bond St
5. Full Name of Mother Julia Catherine Lucke
6. Mother's Maiden Name " " Geiger
7. Mother's Birthplace Baltimore City
8. Full Name of Father Rudolph Henry Lucke
9. Father's Occupation Merchant Tailor
10. Father's Birthplace Freiburg, Baden Germany

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address N 305 N. Caroline St

Remarks

Extract Regulations of the Board of Health to [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1828

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 22 1875
4. Place of Birth (Street and Number)	11 E. Biddle
5. Full Name of Mother	Lucretia Dew
6. Mother's Maiden Name	Lucretia Hall
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Dew
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. W. Webster
Address	54 Barnet
Remarks	

Extract Regulations of the Board of Health to [illegible] correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	none
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 22th 1875
4. Place of Birth (Street and Number)	204 W. Fayette Street
5. Full Name of Mother	Amalie Gens
6. Mother's Maiden Name	Amalie Schaffer
7. Mother's Birthplace	Prussian Germany
8. Full Name of Father	George Gens
9. Father's Occupation	Profes. of ~~the~~ Musik
10. Father's Birthplace	Prussian Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	36 Pearl Street
Remarks	

Extract Regulations of the Board of Health [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1830

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 22nd
4. Place of Birth (Street and Number) Columbia St. 195
5. Full Name of Mother Minna Dittman
6. Mother's Maiden Name Spehr
7. Mother's Birthplace Hanover
8. Full Name of Father Henry Dittman
9. Father's Occupation Machinist
10. Father's Birthplace Hanover

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 S. Eutaw St.

Remarks

Extract Regulations of the Board of Health to secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
29
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 29th March

4. Place of Birth (Street and Number) West Pratt

5. Full Name of Mother Louisa Reitz

6. Mother's Maiden Name Lampe

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father J. J. Reitz

9. Father's Occupation Barber

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. M. Lindsay

Address No. 45 S. Monroe Street.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1832

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
3
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 22nd
4. *Place of Birth (Street and Number)* No 855 W. Baltimore St.
5. *Full Name of Mother* Adelane Reus.
6. *Mother's Maiden Name* Adelane Lenthraft
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Reus
9. *Father's Occupation* Produce Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. F. Linton

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1833

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 22nd 1875
4. Place of Birth (Street and Number) No 11 Swan Place
5. Full Name of Mother Susen Zimmerman
6. Mother's Maiden Name Susen Stakey
7. Mother's Birthplace Baltimore
8. Full Name of Father John Zimmerman
9. Father's Occupation Worker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dina Hellegeist

Address No 182 Monument St

Remarks

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1834

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 22d 1875
4. *Place of Birth (Street and Number)* Monument St. near Maderia Alley
5. *Full Name of Mother* Bertha Waldeck
6. *Mother's Maiden Name* Bertha Critzoe
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ferdinand Waldeck
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address No 182 monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1835

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 22nd of March 1875
4. Place of Birth (Street and Number) No 5 Ree st.
5. Full Name of Mother Rosina Paulus.
6. Mother's Maiden Name Wieland
7. Mother's Birthplace America.
8. Full Name of Father Paul Paulus.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address No 213 Cross st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	22th March 875
4. Place of Birth (Street and Number)	2. E. Forbes St.
5. Full Name of Mother	Therese Dittmeier
6. Mother's Maiden Name	" Mennee
7. Mother's Birthplace	Germany
8. Full Name of Father	Georg Dittmeier
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8d Child.

1. Sex (state whether Male or Female) Girl.
2. Race or Color (if not of the white race) White
3. Date of Birth 22.d of March
4. Place of Birth (Street and Number) No 8. Stockholm
5. Full Name of Mother Rosse Thickman
6. Mother's Maiden Name Rosse Bauch
7. Mother's Birthplace Baltimore
8. Full Name of Father James Thickman
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Russel St. No. 20.

Remarks

Extract Regulations of the Board of Health to secure the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1838

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	22nd March 1838
4. Place of Birth (Street and Number)	N 53 Oxford Street
5. Full Name of Mother	Eliza Bass
6. Mother's Maiden Name	Eliza Smith
7. Mother's Birthplace	Hartford County
8. Full Name of Father	Charles Bass
9. Father's Occupation	Coachman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Hester Ann Bradley [illegible]
Address	85 Orchard Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1839

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 29 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 22d 1875
4. Place of Birth (Street and Number)	188 Mulberry St.
5. Full Name of Mother	Margaret Spates
6. Mother's Maiden Name	Margaret Lee
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard P. Spates
9. Father's Occupation	W. Liquor dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. Butler
Address	144 Mulberry St
Remarks	

Extract from Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1840

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 22nd Mch 1875
4. Place of Birth (Street and Number) 287 S Paca St
5. Full Name of Mother Mary Ellen Dever
6. Mother's Maiden Name Singleton
7. Mother's Birthplace B City
8. Full Name of Father Stephen F. Dever
9. Father's Occupation Mechanic
10. Father's Birthplace B City

Name of Medical Attendant, or other Person who makes this Return. Jas H Currey

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1841

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23d /75
4. Place of Birth (Street and Number)	323 Aisquith St
5. Full Name of Mother	Hannah S. Wakeland
6. Mother's Maiden Name	Hannah S. McFadden
7. Mother's Birthplace	Harford County Md
8. Full Name of Father	James J. Wakeland
9. Father's Occupation	Cart Driver
10. Father's Birthplace	Harford County Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winder
Address	178 Harford Ave
Remarks	

Extract Regulations of the Board of Health, Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1842

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) black
3. Date of Birth March 23rd 1875
4. Place of Birth (Street and Number) 192 S. Durham St,
5. Full Name of Mother Julia Lee
6. Mother's Maiden Name " Berry
7. Mother's Birthplace Eastern Shore md,
8. Full Name of Father Emanuel Lee
9. Father's Occupation oyster shucker
10. Father's Birthplace Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. P. G. Dausch M.D. for Mary Barber colored midwife

Address 27. N. Broadway

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1843

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3d)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23d 1875
4. Place of Birth (Street and Number)	John St. East of Eden
5. Full Name of Mother	Pamela J. Logue
6. Mother's Maiden Name	Pamela J. Monmonier
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William H. Lee
9 Father's Occupation	Paper Hanger
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winder
Address	178 Harford Ave
Remarks	

Extract Regulations of the Board of Health, Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1844

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	Mch 23 1875
4. Place of Birth (Street and Number)	N.W. cor Sharp & Lombard Street
5. Full Name of Mother	Kate Spear
6. Mother's Maiden Name	Kate Kronheimer
7. Mother's Birthplace	Balto
8. Full Name of Father	Jacob Spear
9 Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M.D.
Address	88 N Eutaw Street
Remarks	forceps delivery child well developed

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March

HEALTH DEPARTMENT MAR 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 23rd 1875.
4. Place of Birth (Street and Number) Cor. Gough and Register Streets. No 130.
5. Full Name of Mother Elisabeth Schuppel
6. Mother's Maiden Name Elisabeth Ruepnick
7. Mother's Birthplace America
8. Full Name of Father J. Schuppel
9. Father's Occupation Cigarmaker.
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amand

Address No 137 S. Wolf.

Remarks

Letter Registrations of the ... reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1546

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 23. March 1875
4. *Place of Birth* (Street and Number) 14. N. Chapel
5. *Full Name of Mother* Rosina Kuhn
6. *Mother's Maiden Name* " Wellen
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Kuhn
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschman

Address 27. N. Broadway

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1847

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 23rd 1875 10 P.M.
4. Place of Birth (Street and Number) No 124 Basket
5. Full Name of Mother Sarah Jane Fish
6. Mother's Maiden Name Sarah Jane Taylor
7. Mother's Birthplace Annapolis Md
8. Full Name of Father Wm Henry Fish
9. Father's Occupation Produce Dealer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1848

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 23rd 1875 3 P.M.
4. Place of Birth (Street and Number) No. 84 So. Central Ave
5. Full Name of Mother Mary Hannah Zinkand
6. Mother's Maiden Name Mary Hannah Harnick
7. Mother's Birthplace Baltimore City
8. Full Name of Father Henry Zinkand
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Hefkins M.D.

Address 69 So. Broadway

Remarks

Extract Regulations of the Board of Health,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1849

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 23rd 1875

4. Place of Birth (Street and Number) 160 S. Choptank

5. Full Name of Mother Rebecca Ann Quinn

6. Mother's Maiden Name " " Townsend

7. Mother's Birthplace Balto. city

8. Full Name of Father John Quinn

9. Father's Occupation Ship Carpenter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. R. W. Mansfield

Address 117 S. Broadway

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1850

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth March 23
4. Place of Birth (Street and Number) No 292 S Bond St
5. Full Name of Mother Elise Seitz
6. Mother's Maiden Name Elise Lampe
7. Mother's Birthplace Hessen
8. Full Name of Father Georg Seitz
9. Father's Occupation Baker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1875 BALTIMORE.

Marth. Enise

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 child Wale Bank 23 of March

1. Sex (state whether Male or Female) Sex state Female
2. Race or Color (if not of the white race) col red
3. Date of Birth March 23 1875
4. Place of Birth (Street and Number) Wentear Ste Steete 10
5. Full Name of Mother Marthe Enise
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father Tommus Emis
9. Father's Occupation his occupation. o the W[illegible]
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Frances Grann Berg

Address Sto Ck hole St No 25

Remarks

Extract Regulations of the Board of Health [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	20 March 1875
4. *Place of Birth* (Street and Number)	247 Walsh Street
5. *Full Name of Mother*	Mary M. Kirk
6. *Mother's Maiden Name*	Mary Margaret McGee
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	George A. Kirk
9. *Father's Occupation*	Cattle Dealer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer MD
Address	201 E. Biddle Street
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 23 March 1875
4. Place of Birth (Street and Number) 81 Lexington Street
5. Full Name of Mother Hannah Barbara O'Connor
6. Mother's Maiden Name Hannah B. Bushman
7. Mother's Birthplace Balt. City
8. Full Name of Father Alexander Joseph O'Connor.
9. Father's Occupation Blacksmith
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer MD

Address 201 W. Biddle Street

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

18511

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23d March 1875
4. Place of Birth (Street and Number)	No 223. Central avenue Baltimore Md
5. Full Name of Mother	Caroline Geller
6. Mother's Maiden Name	Caroline
7. Mother's Birthplace	Königsberg, Hessendarmstadt.
8. Full Name of Father	Theodor Geller.
9. Father's Occupation	Restaurant.
10. Father's Birthplace	Königsberg, Hessendarmstadt.
Name of Medical Attendant, or other Person who makes this Return.	Mrs No. A. Butler
Address	No 209 Monument St. Cor. of Central Avenue.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth Tuesday Morn, March 23rd 1875, 12.10 Oct.

4. Place of Birth (Street and Number) 92 Leadenhall St.,

5. Full Name of Mother Susan Emily Dorsey

6. Mother's Maiden Name Mitchell

7. Mother's Birthplace Dorchester Co. Md

8. Full Name of Father Louis Dorsey

9. Father's Occupation Drayman

10. Father's Birthplace Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Louis M. Eastman

Address 349 W. Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th,

1. *Sex (state whether Male or Female)* Fem,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* March 23. 1875.
4. *Place of Birth (Street and Number)* 490 E Chase St,
5. *Full Name of Mother* Marietta Cunningham,
6. *Mother's Maiden Name* " Stewart,
7. *Mother's Birthplace* Howard Co, Md.
8. *Full Name of Father* Wm. E. Cunningham,
9. *Father's Occupation* Carpenter,
10. *Father's Birthplace* New York,

Name of Medical Attendant, or other Person who makes this Return. Dr. P. Morgan M.D.

Address 175 Saratoga St,

Remarks

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 23. 1815.
4. Place of Birth (Street and Number) W. 388 Eager st.
5. Full Name of Mother Elizabett. D. Shutt.
6. Mother's Maiden Name Elizabett . . . Oekstadt.
7. Mother's Birthplace Hessen. Darmstadt.
8. Full Name of Father John Shutt.
9. Father's Occupation Captain.
10. Father's Birthplace Prusia.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter.

Address 125 N. Caroline st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 30 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23d
4. Place of Birth (Street and Number)	201 Light St.
5. Full Name of Mother	Anna Mueller
6. Mother's Maiden Name	Seitz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Mueller
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1859

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) With
3. Date of Birth 23 Marz.
4. Place of Birth (Street and Number) Wilam St. 153 No.
5. Full Name of Mother Labra Jith
6. Mother's Maiden Name Labra Hauden
7. Mother's Birthplace Baltimore
8. Full Name of Father Philep Jith
9. Father's Occupation Labor Rügshofen
10. Father's Birthplace Rügshofen Biern

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Martin

Remarks Wet. St. No. 128.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth March 23rd 1875
4. Place of Birth (Street and Number) 101 N Eutaw St
5. Full Name of Mother Mary E Gawthrop
6. Mother's Maiden Name Smith
7. Mother's Birthplace New York City
8. Full Name of Father Wm H Gawthrop
9. Father's Occupation House Painter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W G Kraus M D

Address 87 Mulberry St

Remarks

Extract Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child.

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth 23 of March.
4. Place of Birth (Street and Number) No 132 Sartoga St.
5. Full Name of Mother Maggie Will.
6. Mother's Maiden Name Magie Desch.
7. Mother's Birthplace born in Germany.
8. Full Name of Father Adolph Will.
9. Father's Occupation a Shoemaker
10. Father's Birthplace born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union Street.

Remarks

Extract Regulations of the ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	23d of March 1875
4. Place of Birth (Street and Number)	No 55 Conway st.
5. Full Name of Mother	Mary-ann Moors.
6. Mother's Maiden Name	Welch.
7. Mother's Birthplace	England.
8. Full Name of Father	Jonas Moors
9. Father's Occupation	Soap maker.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife.
Address	No 213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 27 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* of the White Race
3. *Date of Birth* March 24 1875
4. *Place of Birth (Street and Number)* Keys Alley No 11
5. *Full Name of Mother* Josephene Morsell
6. *Mother's Maiden Name* Josephene Hinckley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Morsell
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 92 Hanover St

Remarks Mother and child alive & well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. M[illegible]

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 29th, 1875
4. Place of Birth (Street and Number) No 390 Eastern ave.
5. Full Name of Mother Elizabeth ~~Ebet~~ Stansbury
6. Mother's Maiden Name Elizabeth Ebet
7. Mother's Birthplace Germania
8. Full Name of Father Edward Stansbury
9. Father's Occupation Carpenter
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolf St

Remarks

[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1875 BALTIMORE.

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth March 24th 15 to 5 O'clock P.M.
4. Place of Birth (Street and Number) 74 North Castle Street
5. Full Name of Mother Dora Neuman
6. Mother's Maiden Name " Kaesar
7. Mother's Birthplace Germany
8. Full Name of Father August Neuman
9. Father's Occupation Bakery
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A. Gregg Shertz M.D.

Address 117 E Baltimore St

Remarks Dry Labor of four hours

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 24th 1875 10 30 am
4. Place of Birth (Street and Number) 326 Canton Av.
5. Full Name of Mother Rosanna Robinson
6. Mother's Maiden Name Rosanna Stokes
7. Mother's Birthplace Balto. City
8. Full Name of Father Geo. Washington Robinson
9. Father's Occupation Laborer
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wilkins M.D.

Address 6[illegible] So. [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 24th 1875

4. Place of Birth (Street and Number) 140 Bank st.

5. Full Name of Mother Martha A. Bauhon

6. Mother's Maiden Name " " Collins

7. Mother's Birthplace Balto. city

8. Full Name of Father Gotlieb Bauhn

9. Father's Occupation Laborer

10. Father's Birthplace Balto. city

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1868

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 24. 1875

4. Place of Birth (Street and Number) #14 Ivy Alley

5. Full Name of Mother Mrs Katy Fell

6. Mother's Maiden Name Miss Katy Stahf

7. Mother's Birthplace #54 Park St Baltimore Md

8. Full Name of Father Mr Frank Fell

9. Father's Occupation Clerk

10. Father's Birthplace King St. Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Katharine Seebach

Address West Lenett P 437. Catharine Seebach

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Black
3. *Date of Birth*	March 24th 1875
4. *Place of Birth (Street and Number)*	4 Welch Alley
5. *Full Name of Mother*	Elizabeth Mance
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Thomas Day
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Ellen Downs - Informant
Address	4 Welch Alley
Remarks	This child was born without the aid of either Physician or Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d. Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	24th of March 1875
4. Place of Birth (Street and Number)	No. 352 S. Charles st.
5. Full Name of Mother	Mary Hipkins.
6. Mother's Maiden Name	Rittmiller.
7. Mother's Birthplace	America.
8. Full Name of Father	Charles Hipkins
9 Father's Occupation	Brick molders
10. Father's Birthplace	America.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	No. 213 Cross st.
Remarks	

Extract Regulations of the Board of Health relative to the Registration and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 24th March 875
4. *Place of Birth (Street and Number)* 169 E. Lombard St.
5. *Full Name of Mother* anna Lynch
6. *Mother's Maiden Name* " Wilson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Lynch
9. *Father's Occupation* Hairbriber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Jaspen

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24th March 875
4. Place of Birth (Street and Number)	35 Washington St.
5. Full Name of Mother	Lisette Spitzmagel
6. Mother's Maiden Name	" Fish
7. Mother's Birthplace	" Germany
8. Full Name of Father	Charles Spitzmagel
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper.
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	~~fe~~ Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 25th 1875
4. Place of Birth (Street and Number)	No 1 Gambrill Court
5. Full Name of Mother	Katie Dixon
6. Mother's Maiden Name	" Castel
7. Mother's Birthplace	City
8. Full Name of Father	James Dixon
9. Father's Occupation	Barrell Trader
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buskin and
Address	120 Bank st.
Remarks	

1874

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* March 25th 1875
4. *Place of Birth* (Street and Number) Cor. O'Donnell & 2nd Sts
5. *Full Name of Mother* Elizabeth Johns
6. *Mother's Maiden Name* " Reiter
7. *Mother's Birthplace* City
8. *Full Name of Father* Charles Johns
9. *Father's Occupation* Baker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushman

Address 120 Bank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* Col
3. *Date of Birth* 25th Mch
4. *Place of Birth (Street and Number)* No 11 Josephine St
5. *Full Name of Mother* Cornelia Brown
6. *Mother's Maiden Name* " Hopkins
7. *Mother's Birthplace* Ann Arundel Co Md
8. *Full Name of Father* George A Brown
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W M Johnson MD

Address 192 Park St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

1876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25th 1875
4. Place of Birth (Street and Number)	42 S. Mary St.
5. Full Name of Mother	Louisa Foy
6. Mother's Maiden Name	Louisa Stein
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Patrick Joseph Foy
9. Father's Occupation	Butcher
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N Greene St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Baltimore March 12th 1875
4. Place of Birth (Street and Number)	No 25 Jarden Alley
5. Full Name of Mother	Jane Clemmons
6. Mother's Maiden Name	Jane Lewis
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Simon Clemmons
9. Father's Occupation	drayman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Hester Ann Bradley
Address	81 Orchard Street
Remarks	

1878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* M
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* March 25 1875
4. *Place of Birth (Street and Number)* 340 N Broadway
5. *Full Name of Mother* Jenni E Latrobe
6. *Mother's Maiden Name* Yeates
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benj. H Latrobe Jr
9. *Father's Occupation* Clergyman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Richard Lee Henry, M.D.

Address 189 N Howard St Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 5th " 1875
4. Place of Birth (Street and Number)	132 Baltic St.
5. Full Name of Mother	Philomena Jones
6. Mother's Maiden Name	McGuanes
7. Mother's Birthplace	Balto City "
8. Full Name of Father	Richard A. C. Jones jr
9. Father's Occupation	Wholesale Liquor Dealer
10. Father's Birthplace	Kent Island Queen Anne's Co
Name of Medical Attendant, or other Person who makes this Return.	H. A. McGuanes
Address	258 N. Howard
Remarks	Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

BALTIMORE HEALTH DEPT APR 12 1875

RETURN OF A BIRTH.

1880

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 25th 1875
4. Place of Birth (Street and Number)	34 Rose Street
5. Full Name of Mother	Wilhelmina Hebner
6. Mother's Maiden Name	" Stetter
7. Mother's Birthplace	Balto City
8. Full Name of Father	Henry Robert Hebner
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Reported by Father
Address	
Remarks	This birth had no Medical attendant nor Midwif and Childbirth 8 days.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. Sex (state whether Male or Female) female Child
2. Race or Color (if not of the white race) Colored Child
3. Date of Birth March 25th 75
4. Place of Birth (Street and Number) Durham St No 61
5. Full Name of Mother Harriett ~~Atkison~~ Curry
6. Mother's Maiden Name Harriett Atkison
7. Mother's Birthplace Dorchester County Md.
8. Full Name of Father William Curry
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woodward miami

Address No 130 register of Baltimore City

Remarks Mixed

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1882.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar 25th
4. Place of Birth (Street and Number)	384 Franklin St.
5. Full Name of Mother	Elizabeth Kopfelman
6. Mother's Maiden Name	Elizabeth Fritz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno. George Kopfelman
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Scullin
Address	148 Mulberry St Corner Green St
Remarks	(Child - living & Healthy)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1883

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 25 of March 1875
4. Place of Birth (Street and Number) No. 56 gough Baltimore Maryland
5. Full Name of Mother ~~Anna Heinhardt~~ Anna Schlegel
6. Mother's Maiden Name Anna Meinhardt
7. Mother's Birthplace Columbia Pennsylvania
8. Full Name of Father Charles Schlegel
9. Father's Occupation Tin and sheet iron Worker
10. Father's Birthplace City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No 208 South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25th 1875
4. Place of Birth (Street and Number)	W Lexington St 151
5. Full Name of Mother	Lizzie Wallin
6. Mother's Maiden Name	Lizzie Leiblich
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Lewis Wallin
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Jos: E. Clayton Md
Address	18 S. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Left to

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* March 25th 1875

4. *Place of Birth (Street and Number)* 60 N Green St.

5. *Full Name of Mother* Hattie A Glover

6. *Mother's Maiden Name* Hattie A Tibbett

7. *Mother's Birthplace* Alexandria Va

8. *Full Name of Father* John H Glover

9. *Father's Occupation* Salesman

10. *Father's Birthplace* London C H Va

Name of Medical Attendant, or other Person who makes this Return. Jos: E. Clagett M D

Address 18 S. Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~Fifth~~ Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 March
4. Place of Birth (Street and Number)	107 Elliott st Canton
5. Full Name of Mother	Laura Jane Reinar
6. Mother's Maiden Name	Laura Jane Taylor
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Thomas Reinar
9. Father's Occupation	Seaman
10. Father's Birthplace	Harford County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address	104 Conley St Canton
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25 1875
4. Place of Birth (Street and Number)	365 William St
5. Full Name of Mother	Maria L Lear
6. Mother's Maiden Name	Maria L. Sparks
7. Mother's Birthplace	New Jersey
8. Full Name of Father	Theodore Lear
9. Father's Occupation	Glass Blower
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	H. B. Stolle, M.D.
Address	17 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1888

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th of March 1875
4. Place of Birth (Street and Number)	No. 155 Hamburg St.
5. Full Name of Mother	Mary Schwartz.
6. Mother's Maiden Name	Siedling
7. Mother's Birthplace	America.
8. Full Name of Father	August Schwartz.
9 Father's Occupation	Box maker.
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	No. 213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1889

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 3m. 25 1875
4. Place of Birth (Street and Number) 222 Eden St
5. Full Name of Mother Virginia Hoskins
6. Mother's Maiden Name Virginia Keller
7. Mother's Birthplace Baltimore
8. Full Name of Father Hiram Hoskins
9. Father's Occupation Clerk
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Wm. Riley

Address 47 Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Feemail
2. Race or Color (if not of the white race) Colred
3. Date of Birth 25 March
4. Place of Birth (Street and Number) 229 Durham St Baltimore City
5. Full Name of Mother Josephine Folks
6. Mother's Maiden Name Josephine Cooper
7. Mother's Birthplace Baltimore M D
8. Full Name of Father John Folks
9. Father's Occupation Cochman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 153 Choptank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1891

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* ~~Whites~~ Male
2. *Race or Color (if not of the white race)* Wheite
3. *Date of Birth* 25 March 1875
4. *Place of Birth (Street and Number)* Johns Alley Hrs 9
5. *Full Name of Mother* Katharine ~~Kulhanek~~ Hruby
6. *Mother's Maiden Name* Katharine Kulhanek
7. *Mother's Birthplace* Kornic, in Bohemia
8. *Full Name of Father* ~~Francis~~ Martin Hruby
9. *Father's Occupation* workman
10. *Father's Birthplace* Tisowic in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Koptis

Address Washington street Hrs 9

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25 March 1875
4. Place of Birth (Street and Number) Washington Street No 69
5. Full Name of Mother Josefa ~~Koptis~~ Klima
6. Mother's Maiden Name Josefa Koptis
7. Mother's Birthplace Welity in Bohemia
8. Full Name of Father Francis Klima
9. Father's Occupation workman
10. Father's Birthplace Kwetowa in Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptis

Address Washington Street No 69

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1893

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	25th Mar 875
4. Place of Birth (Street and Number)	28 Bank St.
5. Full Name of Mother	Margaretha Hohldorfer
6. Mother's Maiden Name	" Hohldorfer
7. Mother's Birthplace	" Baltimore
8. Full Name of Father	Will. Hohldorfer
9. Father's Occupation	Hostler
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jansen
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Ac/3

RETURN OF A BIRTH.

1894

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 26 1875
BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 4

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 26th 1875
4. *Place of Birth (Street and Number)* No 244 S Eastern Ave
5. *Full Name of Mother* Barbara Röhrer
6. *Mother's Maiden Name* " Baum
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Andrew Röhrer
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st

Remarks

rect. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1896

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26 — 1875
4. Place of Birth (Street and Number)	63 S. Appleton St.
5. Full Name of Mother	Mary Hussey
6. Mother's Maiden Name	Mary Klunkett
7. Mother's Birthplace	Ireland
8. Full Name of Father	Martin Hussey
9. Father's Occupation	Lime Dealer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 26th 1875
4. Place of Birth (Street and Number) No 42 Liberty Ally
5. Full Name of Mother Mary Virginia Braun
6. Mother's Maiden Name Mary Virginia Cameron
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael Braun
9. Father's Occupation Lithographic Printer
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Barbara Risz

Address No 40 S Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Mch 26th 75

4. Place of Birth (Street and Number) 56 Cumberland St.

5. Full Name of Mother Emma Elizabeth Atkinson

6. Mother's Maiden Name " " Schelle

7. Mother's Birthplace Maryland

8. Full Name of Father Joseph Meredith Atkinson

9. Father's Occupation Butcher

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. H. Keller MD

Address 89 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

1899

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 26th 1875
4. Place of Birth (Street and Number)	144 Mulberry St
5. Full Name of Mother	Kate Butler
6. Mother's Maiden Name	Kate Griffiss
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James H. Butler
9 Father's Occupation	Physician & Surgeon
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. Butler M.D.
Address	144 Mulberry St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~ 2d, ~~3d~~, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 26, 1875 4-15 P.M.
4. *Place of Birth (Street and Number)* 45 Arch st
5. *Full Name of Mother* Mary Lizzie Washington
6. *Mother's Maiden Name* ~~Mary~~ Mary Lizzie Green
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Henry Washington
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Joseph F. Smith M.D.

Address 150 N. Eutaw st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 26th 1875 10 30 P.M.
4. Place of Birth (Street and Number) 476 Canton Av.
5. Full Name of Mother Catherine Ann Smith
6. Mother's Maiden Name Catherine Ann Carney
7. Mother's Birthplace Baltimore City
8. Full Name of Father Joseph Smith
9. Father's Occupation House Carpenter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wilkins M.D.

Address 69 So. Gov. Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1902

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 3

1. Sex (state whether Male or Female) female Child
2. Race or Color (if not of the white race) Colord
3. Date of Birth March 26 1875
4. Place of Birth (Street and Number) Saint James St No 24
5. Full Name of Mother Martha Ann Amos
6. Mother's Maiden Name Martha A Mecars
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Howard Amos
9. Father's Occupation Comon Labor
10. Father's Birthplace Hartford County Md

Name of Medical Attendant, or other Person who makes this Return. Ursula S Chrisman

Address No. 129 E Monument St

Remarks Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
30
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 26 1875.
4. Place of Birth (Street and Number)	41 East Lee't.
5. Full Name of Mother	Bertha Mueller
6. Mother's Maiden Name	Bertha Baer
7. Mother's Birthplace	Russian
8. Full Name of Father	Bernhardt Mueller
9. Father's Occupation	Merchant
10. Father's Birthplace	Russian
Name of Medical Attendant, or other Person who makes this Return.	Sophie Mayer
Address	41 East Lee't.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1904

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 26th 1875
4. Place of Birth (Street and Number)	18 George Street
5. Full Name of Mother	Augusta Bartoloma
6. Mother's Maiden Name	Aug. Staffregen
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George Bartoloma
9. Father's Occupation	Traveling Agent
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophie Menzel
Address	36 Pearl Street
Remarks	

RETURN OF A BIRTH.

1905

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth Inst. Sex. March. 1875
4. Place of Birth (Street and Number) Lancaster St. 108.
5. Full Name of Mother ~~Eliz A. Catharine~~ Elizt. A. Nathan
6. Mother's Maiden Name Elizt. A. Catharine
7. Mother's Birthplace Franze
8. Full Name of Father G. F. Nathan
9. Father's Occupation Coal dealer
10. Father's Birthplace Franze

Name of Medical Attendant, or other Person who makes this Return. John D. Zitzer

Address 165 Saratoga.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1906

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Friday March 26th 1875
4. Place of Birth (Street and Number)	No 214 Bank Str.
5. Full Name of Mother	Eleonora Smith
6. Mother's Maiden Name	Eleonora Batchelor
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Smith
9. Father's Occupation	Copper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	S. W. Schauer M.D.
Address	29 South Sharp Street
Remarks	

RETURN OF A BIRTH.

1907

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 30 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th
4. Place of Birth (Street and Number)	Paca St. 5th " cor of Columbia St.
5. Full Name of Mother	Maria Schmidt
6. Mother's Maiden Name	
7. Mother's Birthplace	Hessen Darmstadt
8. Full Name of Father	Georg Schmidt
9. Father's Occupation	Can maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Henry Krop
Address	328 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1908

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child.

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth 26 of March
4. Place of Birth (Street and Number) No 14 Woodyer Street.
5. Full Name of Mother Jenny B Wright.
6. Mother's Maiden Name Jenny Brooks.
7. Mother's Birthplace Virgina va
8. Full Name of Father Wright
9. Father's Occupation a Carpenter.
10. Father's Birthplace Virgina

Name of Medical Attendant, or other Person who makes this Return Midwife Mrs Thresa Eigeldinger

Address No 14 Union Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26 – 1875
4. Place of Birth (Street and Number)	16 N. Stricker St.
5. Full Name of Mother	Sarah Elizabeth Davis
6. Mother's Maiden Name	Sarah Elizabeth Turner
7. Mother's Birthplace	Howard County Maryland.
8. Full Name of Father	Edward Davis
9. Father's Occupation	Machinist.
10. Father's Birthplace	Balto. County
Name of Medical Attendant, or other Person who makes this Return.	Louis N. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Fearnail

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26 of March
4. Place of Birth (Street and Number) South east Choptand Bank St Conner
5. Full Name of Mother Sidney L Fanny Shaw
6. Mother's Maiden Name Sidney L Shaw
7. Mother's Birthplace Baltimore city
8. Full Name of Father John W Shaw
9. Father's Occupation Brick Maker
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 1 5 3 Choptank st

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 tes Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth March 26 the 1875
4. Place of Birth (Street and Number) N. Bond St. No 7.
5. Full Name of Mother Katharina Richwein
6. Mother's Maiden Name Katharine Fratz
7. Mother's Birthplace Baltimore City
8. Full Name of Father Louis Richwein
9. Father's Occupation Wheel Right
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth March 26th 1875
4. Place of Birth (Street and Number) No 341 Eager st
5. Full Name of Mother Josephine Baukare
6. Mother's Maiden Name Josephine Vaulh
7. Mother's Birthplace Germany
8. Full Name of Father John Baukare
9. Father's Occupation Labore
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dina ~~[illegible]~~

Address No 182 Monument st & H Ilegeist

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	female 2d "
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	26th " Mar 1875
4. Place of Birth (Street and Number)	9 Little gough St "
5. Full Name of Mother	Pauline Maasberg
6. Mother's Maiden Name	" Fisher
7. Mother's Birthplace	" Germany
8. Full Name of Father	Gustav Maasberg
9. Father's Occupation	Taylor
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	527 Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th 1875
4. Place of Birth (Street and Number)	No 23 N Eden Balto city
5. Full Name of Mother	Annie Robinson
6. Mother's Maiden Name	Annie Phillips
7. Mother's Birthplace	Balto City Md
8. Full Name of Father	Abraham P Robinson
9. Father's Occupation	Engineer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	D Ridgway Md
Address	No 121 E Baltimore st
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 27th 1875
4. *Place of Birth (Street and Number)* No 44 S. Castle St.
5. *Full Name of Mother* Elizza Halstein
6. *Mother's Maiden Name* Mueller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Bernhard Halstein
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hanover Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushman

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 27th 1875
4. Place of Birth (Street and Number)	37 Orchard st
5. Full Name of Mother	Henrietta Piper
6. Mother's Maiden Name	Henrietta Parks
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Richard H Piper
9. Father's Occupation	Sexton
10. Father's Birthplace	Martinsburg Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Jane Wineberger
Address	23 N. Liberty st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1917

HEALTH DEPARTMENT APR 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth 27th March 1875

4. Place of Birth (Street and Number) 492 E. Chase st.

5. Full Name of Mother Amelia Merrick

6. Mother's Maiden Name " Howard

7. Mother's Birthplace Balto. City

8. Full Name of Father Jerry T. Merrick

9. Father's Occupation ~~Master~~ Shoemaker

10. Father's Birthplace Eastern Shore Md.

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmid.

Address 27 N. Broadway

Remarks

Text Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1918

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d birth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 27. 1875
4. *Place of Birth* (Street and Number)	22 South Green St.
5. *Full Name of Mother*	Sarah Ehrman
6. *Mother's Maiden Name*	Eichler
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Geo. M. Ehrman
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. M. & W. F. Kemp
Address	55 North Green St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	10th March 1875.
4. Place of Birth (Street and Number)	139 Church St.
5. Full Name of Mother	Leah White
6. Mother's Maiden Name	Leah White
7. Mother's Birthplace	Eastern Shore Virginia.
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Marcus Potter.
Address	11" 191. Hughes ST.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 27th 1875
4. Place of Birth (Street and Number)	No. 446 E. Fayette St.
5. Full Name of Mother	Annie Elizabeth Patterson
6. Mother's Maiden Name	Lawson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Francis Patterson
9 Father's Occupation	Ship Joiner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M.D.
Address	No. 406 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1921

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Light Brown Skin
3. *Date of Birth* Sept 27
4. *Place of Birth (Street and Number)* 16 Morris Alley
5. *Full Name of Mother* ~~No 16~~ Mrs Anney Clemmer
6. *Mother's Maiden Name* Anney Moore
7. *Mother's Birthplace* Eastern Shore Va
8. *Full Name of Father* Joseph H F Clemmer
9. *Father's Occupation* Day Man
10. *Father's Birthplace* No 16 Morris Alley

Name of Medical Attendant, or other Person who makes this Return. Mrs Connie

Address _____

Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 27th 1875
4. Place of Birth (Street and Number)	No 146 Lancaster st.
5. Full Name of Mother	Barbara Peterson
6. Mother's Maiden Name	" Herelow
7. Mother's Birthplace	City
8. Full Name of Father	Peter Peterson
9. Father's Occupation	Laborer
10. Father's Birthplace	City.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Buschmann
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1923

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 ste child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 27 th 1875
4. *Place of Birth (Street and Number)* No 448 Eastern Ave
5. *Full Name of Mother* Ida Wallice
6. *Mother's Maiden Name* " Solomon
7. *Mother's Birthplace* City
8. *Full Name of Father* Wallice
9. *Father's Occupation* Can maker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 27 - 1875
4. Place of Birth (Street and Number)	N. W. Cor. Bank & Broadway
5. Full Name of Mother	Elizabeth Farlow
6. Mother's Maiden Name	Elizabeth Zehm
7. Mother's Birthplace	Balto.
8. Full Name of Father	Hugh Farlow
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	114 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1925

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Mch 27th 1875
4. Place of Birth (Street and Number) 265 S Paca St
5. Full Name of Mother Margaret Ann Wood
6. Mother's Maiden Name Murray
7. Mother's Birthplace Balto City
8. Full Name of Father William Thos. Wood
9. Father's Occupation Confectioner
10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. Jas H Murray

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1926

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th of March 9-45 P.M.
4. Place of Birth (Street and Number)	No. 35 N. Caroline St.
5. Full Name of Mother	Louisa Martin
6. Mother's Maiden Name	Louisa Kramer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Henry Martin
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No. 208 South Bond St.
Remarks	The midwife is a competent one; she is very attentive and easy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 27th

4. Place of Birth (Street and Number) Somerset St. Nave

5. Full Name of Mother Mary Jane Moffit

6. Mother's Maiden Name Mary Wren

7. Mother's Birthplace Baltimore

8. Full Name of Father Geo. Washington Moffitt

9. Father's Occupation Freight Conductor N. Cent.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. E. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1928

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 27th 1875
4. *Place of Birth* (Street and Number)	106 Townsend Street
5. *Full Name of Mother*	Rebecca A. Warfield
6. *Mother's Maiden Name*	Rebecca A. Trail
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Thomas H. Warfield
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Howard County Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. P. C. Hilton
Address	146 Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1929

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 21st 1875
4. *Place of Birth (Street and Number)* No 67 Eden st
5. *Full Name of Mother* Mary Mainch
6. *Mother's Maiden Name* Mary Rossel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Henry Mainch
9. *Father's Occupation* Cigar manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address No 181 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mch ~~1~~ 27
4. Place of Birth (Street and Number)	No 154 Columbia
5. Full Name of Mother	Amelia Deering
6. Mother's Maiden Name	Amelia Wade
7. Mother's Birthplace	Balto Co
8. Full Name of Father	Henry Deering
9 Father's Occupation	Mechanic
10. Father's Birthplace	Balto Co
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M.D.
Address	858 E Eutaw Street
Remarks	Natural labor, child well developed

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child Mother

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 27th of March 1875 At 10 P.M.
4. Place of Birth (Street and Number) Margareth Bond 146 N. Eden st
5. Full Name of Mother Margaketh Bond Col
6. Mother's Maiden Name Margareth Robins
7. Mother's Birthplace Eastern Shore Anne Hill
8. Full Name of Father Joseph Bond col
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Leo Walker col

Address 148 S. Dallas street

Remarks Living

RETURN OF A BIRTH.

1932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 2nd 1875
4. *Place of Birth (Street and Number)* 126 Penna Ave
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	27th March 1875
4. Place of Birth (Street and Number)	322 Alice Ann Stret
5. Full Name of Mother	Maria Engels
6. Mother's Maiden Name	M. Hauptmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Engels
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. C. Hessel
Address	102 S. Bond Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 1

1934

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth March 27th 1875
4. Place of Birth (Street and Number) No 42 Liberty alley
5. Full Name of Mother ~~Clara Fitzland~~ Mary ~~McMahon~~ Conway
6. Mother's Maiden Name ~~Mary Conway~~ McMahon
7. Mother's Birthplace Irelandy
8. Full Name of Father Patrick Conway
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Barbara Rice No 40 E. Fayette st

Remarks 1

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) ~~Male~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 27, 1875
4. Place of Birth (Street and Number) 493 West Balto St.
5. Full Name of Mother Ophelia Lowenthal
6. Mother's Maiden Name Ophelia Wise
7. Mother's Birthplace Natchez Mississippi
8. Full Name of Father Nachman Lowenthal
9. Father's Occupation Merchant
10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address No 38 W Conselton Ave

Remarks Child in perfect Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1936

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	March 27th 1875.
4. Place of Birth (Street and Number)	N° 178. Hughes St.
5. Full Name of Mother	Caroline Brown.
6. Mother's Maiden Name	" Landers.
7. Mother's Birthplace	Cambridge.
8. Full Name of Father	John Brown.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Tobacco Stick Md.
Name of Medical Attendant, or other Person who makes this Return.	Maria Potter.
Address	N° 191 Hughes St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
30
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First & Still
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of March.
4. Place of Birth (Street and Number)	No. 5. Weber St.
5. Full Name of Mother	Mary Snyder
6. Mother's Maiden Name	Mary Jazer.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Snyder.
9 Father's Occupation	Papermaker.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St. No. 126.
Remarks	

RETURN OF A BIRTH.

1938

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st F
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 of March 1875
4. Place of Birth (Street and Number)	Fulton St No 57
5. Full Name of Mother	Francis Etchison
6. Mother's Maiden Name	Francis Hud
7. Mother's Birthplace	Mount Airy Fredrik Co
8. Full Name of Father	John W. Etchison
9. Father's Occupation	Fireman
10. Father's Birthplace	Mount Airy Fredrik Co
Name of Medical Attendant, or other Person who makes this Return.	Geo E Sinclair
Address	No 29 Monro St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

Twins 1939
1940

HEALTH DEPARTMENT
MAR
29
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st and 2nd
1. Sex (state whether Male or Female)	Males
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	March 27
4. Place of Birth (Street and Number)	12 New St
5. Full Name of Mother	Catherine Green
6. Mother's Maiden Name	Catherine Chase
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Green
9. Father's Occupation	Laborer
10. Father's Birthplace	Montgomery County Md.
Name of Medical Attendant, or other Person who makes this Return.	Dr E. Atkinson
Address	209 W. Biddle St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1941

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1. H- Child Loyd Forty

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Born the 27 of March 1875
4. Place of Birth (Street and Number) Baltimore 116 Cider Alley
5. Full Name of Mother Cilia Forty
6. Mother's Maiden Name Cilia Quillia
7. Mother's Birthplace Baltimore
8. Full Name of Father Loyd Forty
9. Father's Occupation Oyster Shucker Brick Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cathrine Sanger

Address No. 214 Dover St Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1942

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 27th 1875
4. *Place of Birth* (Street and Number)	No 234 Bank St
5. *Full Name of Mother*	Maggie Dyer Kugler
6. *Mother's Maiden Name*	Maggie Dyer Kendall
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	William H. Kugler.
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	J. G. Womble Jr. D
Address	No. 203. W Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1943

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 27th 1875

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) W. C.

3. Date of Birth March 27th 1875

4. Place of Birth (Street and Number) Highlandtown No 1.

5. Full Name of Mother Lena Trushmann.

6. Mother's Maiden Name Lena Pilgrim.

7. Mother's Birthplace Germania

8. Full Name of Father Charles Trushmann.

9. Father's Occupation Laborer

10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S. Wolfe Street.

Remarks ———

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* Coloured
3. *Date of Birth* March 27 1875
4. *Place of Birth (Street and Number)* 9 B Jasper St
5. *Full Name of Mother* Charlotte E Taylor
6. *Mother's Maiden Name* " " Ridgley
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John R. Taylor
9. *Father's Occupation* Messenger
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W. G. Reder

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1945

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH-DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 69

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiss
3. Date of Birth März 27
4. Place of Birth (Street and Number) 182 Stockhallmen Strasse
5. Full Name of Mother Fetricka Kortz
6. Mother's Maiden Name Fetricka Dingler
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Kortz
9. Father's Occupation Arbeiter
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Letenhall Strasse

Remarks

1946

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) das erste

1. Sex (state whether Male or Female) Knabe
2. Race or Color (if not of the white race) weiß
3. Date of Birth 28ten März 1875.
4. Place of Birth (Street and Number) Bethelstraße 17
5. Full Name of Mother Marie Christine Theunert
6. Mother's Maiden Name Pfeffer
7. Mother's Birthplace Kempbay. Baden.
8. Full Name of Father Joseph Theunert
9. Father's Occupation Maschinist
10. Father's Birthplace Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Louise Kraft.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1947

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 28th
4. Place of Birth (Street and Number) No 7 East Fayette st
5. Full Name of Mother Mary E Cole
6. Mother's Maiden Name " " Stockton
7. Mother's Birthplace Balto City
8. Full Name of Father C B Cole
9. Father's Occupation House Carpenter
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Allwell

Address McDonogh St 279

Remarks

1948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth Mar, 28th 1875
4. Place of Birth (Street and Number) #68 Wayne st. Balto.
5. Full Name of Mother Susan Jane Penn
6. Mother's Maiden Name Susan Jane Moore
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William Nathan Penn
9. Father's Occupation Dray-man
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. C. S. Johnson M. D.

Address 177 Conway st. Balto, Md.

Remarks Presentation. Left occipito-iliac Ant. Bag of Waters was ruptured Mar 6th, after which pains subsided until Mar 28th. Were then for 4 hours very irregular; they then become strong & regular. She was delivered at the end of the 8th hour.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 28th 1875
4. Place of Birth (Street and Number)	No 61 Register st
5. Full Name of Mother	Elizabeth Lahner
6. Mother's Maiden Name	Zimmerman
7. Mother's Birthplace	Germany
8. Full Name of Father	John Lahner
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 28th 1875
4. Place of Birth (Street and Number) 31 W. Appleton St.
5. Full Name of Mother Kate Vanorder
6. Mother's Maiden Name Kate Reiley
7. Mother's Birthplace Balto. City
8. Full Name of Father Ezra Vanorder
9. Father's Occupation Traveling Salesman
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. Dr Jas. S. Falks

Address 427 W Fayette St.

Remarks Health Commission will please forward to Dr Jas S Falks the sum of ($2.00) compensation for service herein rendered and oblig^d. Yours Truly

Authority of [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 28th 1875
4. Place of Birth (Street and Number)	No 115 Greenmount Ave
5. Full Name of Mother	Anne McCaskey
6. Mother's Maiden Name	Anne Kyland
7. Mother's Birthplace	Ireland
8. Full Name of Father	Frank McCaskey
9. Father's Occupation	Trader
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	C B Landis
Address	40 Richmond street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) White

2. Race or Color (if not of the white race) White

3. Date of Birth March 28 [illegible]

4. Place of Birth (Street and Number) 23 Ensor

5. Full Name of Mother Ida Gillice

6. Mother's Maiden Name Ida Giles

7. Mother's Birthplace Baltimore

8. Full Name of Father Patrick Gillice

9. Father's Occupation Rag Dealer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula S. Chrismee

Address No 129 E Monument St

Remarks Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 28th 1875
4. Place of Birth (Street and Number)	No 1 Portugal Court F.P.
5. Full Name of Mother	Dorothea Brenner
6. Mother's Maiden Name	Dorothea Lang
7. Mother's Birthplace	Germany
8. Full Name of Father	Ludwig Brenner
9. Father's Occupation	Porter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simmons
Address	No 178 S Chapel St. F.P.
Remarks	Child seven months old, born before time

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1954

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether Male ~~or Female~~) /
2. Race or Color (if not of the white race) White
3. Date of Birth March the 28, 1875
4. Place of Birth (Street and Number) Jefferson St. near Chester St. no. Numb
5. Full Name of Mother Mary H. Roberts
6. Mother's Maiden Name Mary H Riley
7. Mother's Birthplace Baltimore County
8. Full Name of Father Valentin Roberts
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1955

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 28th 1875
4. Place of Birth (Street and Number)	# 219 S Ann St
5. Full Name of Mother	Cencia Frieze Claussen
6. Mother's Maiden Name	Cencia Frieze
7. Mother's Birthplace	America
8. Full Name of Father	Henry Claussen
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	No 178 S Chapel St F.P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1956

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth March 28th 75

4. Place of Birth (Street and Number) 91 E. Coppelton Rd

5. Full Name of Mother Catherine S. Fink

6. Mother's Maiden Name Catherine S. Lautus,

7. Mother's Birthplace Baltimore City

8. Full Name of Father George Fink,

9. Father's Occupation Wood Turner

10. Father's Birthplace Philadelphia Pa,

Name of Medical Attendant, or other Person who makes this Return.

Address John J. R. Kroger, Md.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 28th 1875
4. Place of Birth (Street and Number) No 705 N Lombard St
5. Full Name of Mother Laura V Smith
6. Mother's Maiden Name Laura V Walker
7. Mother's Birthplace Baltimore County Md
8. Full Name of Father Owen K Smith
9. Father's Occupation Express Company Service
10. Father's Birthplace Baltimore County Maryland

Name of Medical Attendant, or other Person who makes this Return. M Hammond M D

Address 5 1/2 N Paca Street Balt

Remarks A quick, easy & natural labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 28th 1875
4. *Place of Birth (Street and Number)* # 300 Aisquith St
5. *Full Name of Mother* Emma Cordelia Heath
6. *Mother's Maiden Name* " " Bower
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Washington Heath
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. Kantman

Address # 305 N Caroline St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1959

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) V.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Whit Boy
3. Date of Birth March März 28. 1875
4. Place of Birth (Street and Number) 399. S. Sharp Street
5. Full Name of Mother Pauline Horning
6. Mother's Maiden Name Pauline Wesser
7. Mother's Birthplace Germania Hessen Darmstadt
8. Full Name of Father Paul Horning
9. Father's Occupation Thailer
10. Father's Birthplace Germania Hessen Darmstadt.

Name of Medical Attendant, or other Person who makes this Return.

Address Miss. M. Streng.

Remarks No. 32 Liedenhal Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1960

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 28th 1875.
4. Place of Birth (Street and Number) No. 77, Cambridge St.
5. Full Name of Mother Harriet Brown
6. Mother's Maiden Name Harriet West
7. Mother's Birthplace Baltimore City
8. Full Name of Father George W. Brown
9. Father's Occupation
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. M. J. Gately, M.D.

Address 244 Bank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~1960~~ 1961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 28th 75
4. Place of Birth (Street and Number)	N. Oregon st No 87
5. Full Name of Mother	Anna R. Henry
6. Mother's Maiden Name	Anna R. Smith
7. Mother's Birthplace	St Mary's Co. Md
8. Full Name of Father	Patrick Henry
9. Father's Occupation	Flannel Maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A. H. Saxton. MD
Address	W. Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1962

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 29th 1875.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth March 28th 1875.
4. Place of Birth (Street and Number) No 124 Chappel St.
5. Full Name of Mother Anna Rink.
6. Mother's Maiden Name Anna Schmidt
7. Mother's Birthplace Germania.
8. Full Name of Father Christian Rink
9. Father's Occupation Laborer.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 S. Wolf St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 28th 1875
4. Place of Birth (Street and Number) No 158 S. Pacca St Baltimore Md
5. Full Name of Mother Mary Ann Hays
6. Mother's Maiden Name Mary Ann Simonson
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Robert Francis Hays
9. Father's Occupation Varnish Maker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Womble M.D.

Address No 203 W. Lombard St. B. C.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born (to) or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

~~1874~~ 1964

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th March
4. Place of Birth (Street and Number)	No 222 E. Balt St
5. Full Name of Mother	Barbara Levy
6. Mother's Maiden Name	" Cahn
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Levy
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Coltz
Address	No 52 Bethel St.
Remarks	

That Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 28th 1875
4. *Place of Birth* (Street and Number)	No. 87 Dawson Alley
5. *Full Name of Mother*	Wilhelmina Lukott
6. *Mother's Maiden Name*	Wilhelmina Frank
7. *Mother's Birthplace*	Vacha Saxony Germany
8. *Full Name of Father*	Conrad Lukert
9. *Father's Occupation*	Teamster
10. *Father's Birthplace*	Vacha Saxony Germany
Name of Medical Attendant, or other Person who makes this Return.	J. G. Womble M. D
Address	No 203 W Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1966

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 28 th 1875
4. Place of Birth (Street and Number) No 14 Orleans st
5. Full Name of Mother Elisabeth Schagemann
6. Mother's Maiden Name Elisabeth Kamphaus
7. Mother's Birthplace Germany
8. Full Name of Father Lawrence Schagemann
9. Father's Occupation Stone Cutter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Hillegeist

Address No 182 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 28 th
4. *Place of Birth (Street and Number)* No 171 Durham St
5. *Full Name of Mother* Elise Siemann
6. *Mother's Maiden Name* Elise Sansam
7. *Mother's Birthplace* Hessen
8. *Full Name of Father* Peter Siemann
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hannover

Name of Medical Attendant, or other Person who makes this Return. Dr Eugene Hailage

Address No 257 S Bond St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the Sixth child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth the 28 of march
4. Place of Birth (Street and Number) 3rd Baltimore cambbridge St No 77
5. Full Name of Mother Harriet A Brom
6. Mother's Maiden Name Harriet A West
7. Mother's Birthplace Baltimore
8. Full Name of Father George Wg Brom
9. Father's Occupation Surveler
10. Father's Birthplace the State of Newyork

Name of Medical Attendant, or other Person who makes this Return. Miss Wiley Dr gatherly Dr connolly

Address Number 12 paterson park Av N

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 fort Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 28 March 1875

4. Place of Birth (Street and Number) 1132 Cross St

5. Full Name of Mother Lalana Abernsberger

6. Mother's Maiden Name Lalana Brown

7. Mother's Birthplace Germeny

8. Full Name of Father Michel Abernsberger

9. Father's Occupation Sober

10. Father's Birthplace Germeny

Name of Medical Attendant, or other Person who makes this Return. Mary Nazarenus

Address Bussel No 70

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1970

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th March 1875
4. Place of Birth (Street and Number)	St Agnes hospital
5. Full Name of Mother	Susan Mc Guigan
6. Mother's Maiden Name	Susan Dorsey
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Mc Guigan
9. Father's Occupation	Ribber
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Ursula A Christmas
Address	No 129 E Monument St
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in Baltimore, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar of vital statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child, if children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 29th March 1875
4. Place of Birth (Street and Number) 134 E. Jackson Sq. W.
5. Full Name of Mother Mary Muller
6. Mother's Maiden Name " Basenbarsh.
7. Mother's Birthplace Germany
8. Full Name of Father John Muller
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmid

Address 27. N. Broadway,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1972

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 29th March 1875
4. Place of Birth (Street and Number) 31 Collington Av.
5. Full Name of Mother Eva Schroen
6. Mother's Maiden Name " Dickas
7. Mother's Birthplace Germany
8. Full Name of Father John Schroen
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmid

Address 27 N. Broadway

Remarks

RETURN OF A BIRTH.

1973

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 March 1875
4. Place of Birth (Street and Number)	57 Russel St
5. Full Name of Mother	Cate Davis
6. Mother's Maiden Name	Cate White
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Davis
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Magaren
Address	Russel St No 72
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1974

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 29th 1875
4. Place of Birth (Street and Number) No 33 Jackson Square Av
5. Full Name of Mother Sallie E Cook
6. Mother's Maiden Name Sallie E. Timson
7. Mother's Birthplace Jersey City
8. Full Name of Father Gilbert C Cook
9. Father's Occupation Teller in Bank
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return.

Address P. Kinnemon, M.D.

Remarks 73 East Pratt St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 29th 1875
4. Place of Birth (Street and Number) No 36 Biddle st
5. Full Name of Mother Magdalani Schafer
6. Mother's Maiden Name Magdalani Gais
7. Mother's Birthplace Germany
8. Full Name of Father Konrad Schafer
9. Father's Occupation Cigar maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gina Hellegest

Address No 182 Monument st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1976

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 5 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29th 1875
4. Place of Birth (Street and Number)	711 N. Lombard st
5. Full Name of Mother	Harriet Catharine Harden
6. Mother's Maiden Name	" Baugher
7. Mother's Birthplace	Cumberland Co Pa.
8. Full Name of Father	Jessie Marion Harden
9. Father's Occupation	Coal Merchant
10. Father's Birthplace	Carroll Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	George N. Dare
Address	91 Frederick Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29th 1875
4. *Place of Birth (Street and Number)* No 271 Caroline st
5. *Full Name of Mother* Jennie Brand
6. *Mother's Maiden Name* Jennie Gotie
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Brand
9. *Father's Occupation* Basket maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hiram Hillegeist

Address No 181 East Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1978

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 29th 1875
4. *Place of Birth* (Street and Number) N 243 St Paul St
5. *Full Name of Mother* Gough C. Schenck
6. *Mother's Maiden Name* Gough Carroll
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edwin Schenck
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ohio

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address N 114 Park Avenue.

Remarks

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1979

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29th 1875
4. Place of Birth (Street and Number)	288 Argyle Ave
5. Full Name of Mother	Rebecca Hedley
6. Mother's Maiden Name	Rebecca Lowe
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Wm H Hedley
9 Father's Occupation	Painter
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	E Goverlay M.D.
Address	372 W Balto St
Remarks	

Return made April 3d 1875

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Col
3. Date of Birth Mch 29th
4. Place of Birth (Street and Number) No 3 Cullison's Ct
5. Full Name of Mother Annie Garrett
6. Mother's Maiden Name " Coleman
7. Mother's Birthplace Virginia
8. Full Name of Father Thomas Garrett
9. Father's Occupation Laboring man
10. Father's Birthplace Charles Co Md

Name of Medical Attendant, or other Person who makes this Return. W.W. Antrim MD

Address 192 Pearl St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 [illegible]

1. Sex (state whether Male or ~~Female~~) [illegible]
2. Race or Color (if not of the white race) White
3. Date of Birth Mch. 29 [illegible]
4. Place of Birth (Street and Number) 472 W. Lexington
5. Full Name of Mother Christine [illegible]
6. Mother's Maiden Name " Smith "
7. Mother's Birthplace Germany
8. Full Name of Father Lenard [illegible]
9. Father's Occupation Provision Store
10. Father's Birthplace [illegible] " Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible] Saxton Lexington [illegible]

Address

Remarks Anna Mary Tumlhr Attended at the Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 14

1982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.)	5 te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Jan 24 th March 1875
4. Place of Birth (Street and Number)	54 Nor Wolf str
5. Full Name of Mother	Maria ~~Lotz~~ Stecker
6. Mother's Maiden Name	Maria Lotz
7. Mother's Birthplace	Marckscheinfeld Preiern
8. Full Name of Father	Georg Stecker
9. Father's Occupation	Taylor
10. Father's Birthplace	Marckscheinfeld Preiern
Name of Medical Attendant, or other Person who makes this Return	Mrs Johanna Baumgarth
Address	no 25 South Wolf str
Remarks	Midwife

RETURN OF A BIRTH.

1983

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth ~~No 86 Lankaster St~~ March 29th
4. Place of Birth (Street and Number) No 86 Lankaster St
5. Full Name of Mother Pauline Bonester
6. Mother's Maiden Name Pauline Sonnour
7. Mother's Birthplace Baltimore
8. Full Name of Father Carl Bonester
9. Father's Occupation L Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Haidlage

Address No 289 S Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29th 1875
4. Place of Birth (Street and Number)	Point 207 South Bethel St
5. Full Name of Mother	Barbara Steingert
6. Mother's Maiden Name	Barbara Haas
7. Mother's Birthplace	Mark Aschbach. Germany
8. Full Name of Father	John Steingert
9. Father's Occupation	Laborer
10. Father's Birthplace	Geisbrind Germany
Name of Medical Attendant, or other Person who makes this Return.	Mariat Liderer
Address	Ho 23 South Durham St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1985

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29th
4. Place of Birth (Street and Number)	Hyatt St. No 73
5. Full Name of Mother	Margaretha Heinicke
6. Mother's Maiden Name	Brunswick
7. Mother's Birthplace	Baiern
8. Full Name of Father	Bernhard Heinicke
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Sachsen Weymar
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	321 S Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1986

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8tes Child

1. Sex (state whether Male ~~or Female~~) White

2. Race or Color (if not of the white race) White

3. Date of Birth March 29th 1875

4. Place of Birth (Street and Number) Gough St. No, 63.

5. Full Name of Mother Barbara Lehneis

6. Mother's Maiden Name Barbara Distler

7. Mother's Birthplace Engelhardsberg N. Baiern Germany

8. Full Name of Father John G. Lehneis

9. Father's Occupation Shoemaker

10. Father's Birthplace Oberfellenelort. N. Bayern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No, 26.

Remarks dead born

reat Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Mail 2 child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 29th 1874
4. Place of Birth (Street and Number)	Baltimore Duncan Alley no. 40
5. Full Name of Mother	Sarah Cooper
6. Mother's Maiden Name	Sarah Davis
7. Mother's Birthplace	Talbot County M.D
8. Full Name of Father	Perry Cooper
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore M.D
Name of Medical Attendant, or other Person who makes this Return.	Elias Walker
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29th March
4. *Place of Birth (Street and Number)* McKim St
5. *Full Name of Mother* Mary Agnes Gibson
6. *Mother's Maiden Name* " " Gilula
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Andrew Gibson
9. *Father's Occupation* Gas Fitter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jm. Brooke Boyle M. D.

Address 174 E. Eager St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

RETURN OF A BIRTH.

1989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 29. 75. 12 1/2 Oc. P.M.
4. Place of Birth (Street and Number)	9 Sterrett St
5. Full Name of Mother	Mary Ann Dolan
6. Mother's Maiden Name	McLear
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Dolan
9. Father's Occupation	~~Laborer~~ Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Lewis M. Eastman
Address	349 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1990

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth March 29th 1875.
4. Place of Birth (Street and Number) Cary st. No 245.
5. Full Name of Mother Mary Corbin Radcliff.
6. Mother's Maiden Name Mary Corbin Childs.
7. Mother's Birthplace Richmond Va.
8. Full Name of Father Bosher Radcliff.
9. Father's Occupation Lawyer.
10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Geo C Ogle M.D.

Address No 229. Cary st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 29th 1875
4. *Place of Birth (Street and Number)* # 152 E Monument St
5. *Full Name of Mother* Sarah Elizabeth Church
6. *Mother's Maiden Name* " " " Fountain
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Levi Buckingham Church
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address # 305 N. Caroline St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 29th 1875.
4. Place of Birth (Street and Number)	11 Cooper Alley
5. Full Name of Mother	Theresia Kanne
6. Mother's Maiden Name	Th. Wekenmann
7. Mother's Birthplace	Wurtenburg Germany
8. Full Name of Father	Charles Kanne
9. Father's Occupation	Sign Painter
10. Father's Birthplace	Wurtenburg
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1993

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 23d 1875
4. Place of Birth (Street and Number)	No 111 N. Wolfe St.
5. Full Name of Mother	Kate E. Fowler
6. Mother's Maiden Name	" " Leitch
7. Mother's Birthplace	Friendship A. A. Co., Md.
8. Full Name of Father	Joseph O. Fowler
9. Father's Occupation	Inspector Custom House
10. Father's Birthplace	Calvert Co., Md
Name of Medical Attendant, or other Person who makes this Return.	W. H. White, M.D.
Address	No 350 N. Broadway
Remarks	Condition of Child good.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 30th March 75
4. *Place of Birth (Street and Number)* 64 E. Baltimore St.
5. *Full Name of Mother* Marie Welsh
6. *Mother's Maiden Name* " Merkin
7. *Mother's Birthplace* U. States
8. *Full Name of Father* M. K. Welsh
9. *Father's Occupation* Merchant
10. *Father's Birthplace* U. States

Name of Medical Attendant, or other Person who makes this Return. Sarah Carpen

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1995

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	30th March 1875
4. Place of Birth (Street and Number)	82 Central av.
5. Full Name of Mother	Louise Riegel
6. Mother's Maiden Name	" Klein
7. Mother's Birthplace	Germany
8. Full Name of Father	Peter Riegel
9. Father's Occupation	Mechanic
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 E Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1996

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. March 31st 1875

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth March 30th 1875.
4. Place of Birth (Street and Number) 133 Burke Street. Canton.
5. Full Name of Mother Mary Neugel.
6. Mother's Maiden Name Mary Lubler.
7. Mother's Birthplace Maryland.
8. Full Name of Father P. Neugel.
9. Father's Occupation Laborer.
10. Father's Birthplace Williamsburg.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Amend.
Address No 137 N. Wolfe St.
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 30th
4. Place of Birth (Street and Number) No 24 S. Broadway
5. Full Name of Mother Johana Hurrelmeir
6. Mother's Maiden Name " Vedity
7. Mother's Birthplace Baltimore
8. Full Name of Father Ende Vedity
9. Father's Occupation Crocers Keeper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address No 151 E. Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1998.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 5 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 30th

4. Place of Birth (Street and Number) South E. cor. Exeter St Eastern Ave.

5. Full Name of Mother Catharn Grozier

6. Mother's Maiden Name Heiss

7. Mother's Birthplace Baltimore

8. Full Name of Father John Grozier

9. Father's Occupation Bar keeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Gertrude Miller

Address No 151 E. Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or ndvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No 15

1999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, ~~&c.~~) 1te

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* den 30te March 1875
4. *Place of Birth (Street and Number)* 7 Ward Washington str
5. *Full Name of Mother* Barbara Wischer
6. *Mother's Maiden Name* Barbara Menius
7. *Mother's Birthplace* Adelsdorf Beiern
8. *Full Name of Father* Michael Wischer
9. *Father's Occupation* Putscher
10. *Father's Birthplace* Ritschenhausen Beiern

Name of Medical Attendant, or other Person who makes this Return. M. Johanna Raupach

Address No 28 South Wolfstr

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 30 Marcks
4. Place of Birth (Street and Number) 41 Waker Street
5. Full Name of Mother Engina Dorgnth
6. Mother's Maiden Name Fisgerbl
7. Mother's Birthplace Fischbach Bauer
8. Full Name of Father Fredrek Dorgnth
9. Father's Occupation Coober
10. Father's Birthplace Frankenhausen Sachsen

Name of Medical Attendant, or other Person who makes this Return. Mrs Sebach

Address Catharina Sunbach

Remarks Mrs Dorgnth St 439.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth March 30 th
4. Place of Birth (Street and Number) No 288 Canton Av
5. Full Name of Mother Barbara Behrens
6. Mother's Maiden Name Barbara Wollmer
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Behrens
9. Father's Occupation Gerber
10. Father's Birthplace Lohe

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 30 of March
4. Place of Birth (Street and Number) 101 Carreand St
5. Full Name of Mother Mrs Aldan
6. Mother's Maiden Name Alias Bine
7. Mother's Birthplace irland
8. Full Name of Father Charle Aldan
9. Father's Occupation Labor
10. Father's Birthplace iriland

Name of Medical Attendant, or other Person who makes this Return. Mary Magarenus

Address Russel St No 70.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2103

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh,
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	March 30th 1875.
4. Place of Birth (Street and Number)	N. W. cor. Howard & Clay sts.
5. Full Name of Mother	Rosalia Goodman,
6. Mother's Maiden Name	Rosalia Behrend,
7. Mother's Birthplace	Germany,
8. Full Name of Father	Aaron Goodman,
9. Father's Occupation	Clothier,
10. Father's Birthplace	Germany,
Name of Medical Attendant, or other Person who makes this Return.	John F. Monmonier M.D.
Address	S. W. cor Colvin & Read.
Remarks	Very Healthy Child.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 30th 1875
4. Place of Birth (Street and Number) Falls Street No 2
5. Full Name of Mother Ellen Elizabeth Macnamara
6. Mother's Maiden Name Reading
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Macnamara
9. Father's Occupation Postmaster
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
3
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th of March 1875
4. Place of Birth (Street and Number)	1 Apolise road.
5. Full Name of Mother	Elisabeth Schriver
6. Mother's Maiden Name	Nuszlein.
7. Mother's Birthplace	Germana.
8. Full Name of Father	Bartholomeous Schriver.
9. Father's Occupation	~~Brewer~~ Baecuver.
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrwasser midwife.
Address	No 213 Gross st.
Remarks	no Number to that house.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2006

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 30th 1875
4. Place of Birth (Street and Number)	177 S. Charles St
5. Full Name of Mother	Margaret Jane Goodhand
6. Mother's Maiden Name	" " Johnson
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	George W. Goodhand
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	F. A. McGuanes
Address	258 N. Howard
Remarks	Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2007

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1st~~ Second child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 30th 1875
4. *Place of Birth (Street and Number)* 61 E. Baltimore St. Baltimore
5. *Full Name of Mother* Elizabeth McManus
6. *Mother's Maiden Name* Elizabeth Linton
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John J. McManus
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergor

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 30th 1875
4. Place of Birth (Street and Number) No 259 Canton Avenue
5. Full Name of Mother Sarah Ann Lofgreen
6. Mother's Maiden Name Sarah Ann Adkins
7. Mother's Birthplace London
8. Full Name of Father Peter Gustave Lofgreen
9. Father's Occupation Mariner
10. Father's Birthplace Sweden

Name of Medical Attendant, or other Person who makes this Return. Thomas J. Evans M.D.

Address No 18 Jackson Square

Remarks A premature birth of a six months foetus; no-
Cause known why; But supposed violent exercise;

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 15

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* African race
3. *Date of Birth* March 30 day 1875
4. *Place of Birth (Street and Number)* 200 Nest st.
5. *Full Name of Mother* Elizabeth Jenkins
6. *Mother's Maiden Name* Elizabeth Bower
7. *Mother's Birthplace* Annapolis
8. *Full Name of Father* John W. Jenkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Julia A. Johnson Midwife

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2010

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Anglo Saxon
3. Date of Birth March 30th 1875
4. Place of Birth (Street and Number) No. 50 N. Poppleton Street
5. Full Name of Mother Mary Elizabeth Austin
6. Mother's Maiden Name Mary Elizabeth Murdock
7. Mother's Birthplace Baltimore City
8. Full Name of Father Theodore Gamborn Austin
9. Father's Occupation Bank Teller
10. Father's Birthplace Talbot Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. A. F. Bell M.D.

Address 306 Madison Avenue Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) this is the first

1. *Sex (state whether Male or Female)* it is female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March the 30 1875
4. *Place of Birth (Street and Number)* Moses Ally No 36
5. *Full Name of Mother* Sarah ross
6. *Mother's Maiden Name* Sarah Neale
7. *Mother's Birthplace* Howard County
8. *Full Name of Father* John C ross
9. *Father's Occupation* wagoner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Sarah Smothers

Address

Remarks

2012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 30th March
4. Place of Birth (Street and Number) 21 Cank & Ave
5. Full Name of Mother Eliese Schnoor
6. Mother's Maiden Name Eliese Suson
7. Mother's Birthplace Braunshweig
8. Full Name of Father Robert Schnoor
9. Father's Occupation Painter
10. Father's Birthplace Braunshweig

Name of Medical Attendant, or other Person who makes this Return. Sophie Simonn

Address No 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th "

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 30th "
4. *Place of Birth (Street and Number)* Baltimore Granby st 68
5. *Full Name of Mother* Lizzie Amburg
6. *Mother's Maiden Name* Lizzie Schafer
7. *Mother's Birthplace* Jackson
8. *Full Name of Father* Foltin Amburg
9. *Father's Occupation* Lightworker.
10. *Father's Birthplace* Jackson

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2014

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 30th 1875
4. *Place of Birth (Street and Number)* 331 N Caroline St corner of John
5. *Full Name of Mother* Cordelia Roberts
6. *Mother's Maiden Name* Cordelia Berry
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward I Roberts
9. *Father's Occupation* Tobacco & Segar manufacturer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm H Biffendeffer

Address South High St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 31 1875
4. Place of Birth (Street and Number) 36 [illegible] st
5. Full Name of Mother Maggie Gayde
6. Mother's Maiden Name " Herb
7. Mother's Birthplace Ireland
8. Full Name of Father James Gayde
9. Father's Occupation Teamster
10. Father's Birthplace Great Britain

Name of Medical Attendant, or other Person who makes this Return. [illegible] Ward

Address [illegible] 4 Webster's Court

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White but red in the face
3. Date of Birth March 30th 1875.
4. Place of Birth (Street and Number) 52 Spring Row
5. Full Name of Mother Elizabeth Jane
6. Mother's Maiden Name E. J. Dawson
7. Mother's Birthplace Edinburg Scotland
8. Full Name of Father William Mac Williams
9. Father's Occupation Proprietor New York Home Made Bread Bakery
10. Father's Birthplace Newtownards Ireland.

Name of Medical Attendant, or other Person who makes this Return. Vasile S Chrismer

Address No 121 E Monument st.

Remarks Baltimore City

RETURN OF A BIRTH.

2017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
31
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30. 75. 4 1/4 o P.M.
4. Place of Birth (Street and Number)	47 N. Poppleton st.,
5. Full Name of Mother	Francis Jane Schaaf
6. Mother's Maiden Name	Ford
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	John Henry Schaaf
9. Father's Occupation	Salesman
10. Father's Birthplace	Near Mastinsburg W. Va
Name of Medical Attendant, or other Person who makes this Return.	Louis M. Eastman
Address	349 W. Lexington st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2018

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 30th 1875
4. Place of Birth (Street and Number) 250 Columbia Avenue
5. Full Name of Mother Caroline Bryan
6. Mother's Maiden Name Caroline Mullin
7. Mother's Birthplace Winchester Va.
8. Full Name of Father John Bryan
9. Father's Occupation Bar Keeper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. Vol. Coburn

Address 166 S. Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2019

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 31. St. 1875
4. Place of Birth (Street and Number)	No 60. King St
5. Full Name of Mother	Kate Shafer
6. Mother's Maiden Name	Kate Thomas
7. Mother's Birthplace	Hesse Darmstadt, Germany
8. Full Name of Father	John Shafer
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	John G Womble M. D.
Address	No. 203. W Lombard St,
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) the white race.
3. Date of Birth 1st of March.
4. Place of Birth (Street and Number) Pratt st. East of Gilmor.
5. Full Name of Mother Margret ~~Haisleht~~ Balderston.
6. Mother's Maiden Name Margret Haisleht.
7. Mother's Birthplace born in Ohio.
8. Full Name of Father Marcellus Balderston.
9. Father's Occupation a Iron Boller.
10. Father's Birthplace Born in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mr Thomas Eigelding

Address No 14 Union Street.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2021

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 2 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Sixt

1. *Sex (state whether Male or Female)* Male healthe

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* born on the 31rst of March 1875

4. *Place of Birth (Street and Number)* 60 Frederich Avenue Balte. City

5. *Full Name of Mother* Kate Graf

6. *Mother's Maiden Name* Kate Newman

7. *Mother's Birthplace* Bleichenbach Germanie

8. *Full Name of Father* Henry Graf

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Trentelburg Germanie

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillas

Address No 57 Smallwood St. Balte

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 31st 75
4. *Place of Birth (Stree and Number)* 502 Franklin St.
5. *Full Name of Mother* Laura Alice Cross
6. *Mother's Maiden Name* " " Fairbank
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Thos Cross
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address 89 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Mch 31st 1875
4. Place of Birth (Street and Number) 213 Barre St
5. Full Name of Mother Sarah Daws
6. Mother's Maiden Name Hep
7. Mother's Birthplace Delaware
8. Full Name of Father William H Daws
9. Father's Occupation Laborer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Jas H Cinney

Address 76 S Paca

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2024

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 31st 1875

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth March 31st 1875.
4. Place of Birth (Street and Number) No. 258 E. Lombard Street.
5. Full Name of Mother Margaretta Brunner.
6. Mother's Maiden Name Margaretta Wehong.
7. Mother's Birthplace Germania.
8. Full Name of Father Joseph Brunner.
9. Father's Occupation Tailor.
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend.

Address No 137 S Wolf St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 d. Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	31st of March 1875
4. Place of Birth (Street and Number)	No. 237 Scharp st.
5. Full Name of Mother	Margarethe Siemon
6. Mother's Maiden Name	Leinsz
7. Mother's Birthplace	Germana
8. Full Name of Father	August Siemon
9 Father's Occupation	Butcher.
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasser midwife
Address	No. 213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth 1.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 31st 1875
4. Place of Birth (Street and Number)	264 E Lombard st Balto city
5. Full Name of Mother	Mary S McRay
6. Mother's Maiden Name	Mary S Bayne
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John Thos. McRay
9. Father's Occupation	Farming
10. Father's Birthplace	Balto County Md
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Andrew
Address	W 121 E Balto st Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other Person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2027

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 31st 1875
4. *Place of Birth* (Street and Number) #299 N Eden
5. *Full Name of Mother* Mary Hawisen Claypool
6. *Mother's Maiden Name* " " Green
7. *Mother's Birthplace* Balto Co
8. *Full Name of Father* James Gardsley Claypool
9. *Father's Occupation* Sea Captain but now Court Clerk
10. *Father's Birthplace* Kent Co Maryland

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address #305 N. Caroline

Remarks

RETURN OF A BIRTH.

2028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Children
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	31 March.
4. Place of Birth (Street and Number)	No. 596 Light St.
5. Full Name of Mother	Mary Byrne.
6. Mother's Maiden Name	Mary Mear.
7. Mother's Birthplace	Co. Wicklow
8. Full Name of Father	Terebrance Byrne.
9 Father's Occupation	Sailor.
10. Father's Birthplace	Co. Wicklow. Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St. No. 126.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

WEALTH DEPARTMENT APR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 31st 1875
4. Place of Birth (Street and Number) 130 S Howard St
5. Full Name of Mother Harriet Martindale
6. Mother's Maiden Name Harriet Flemmer
7. Mother's Birthplace Cecil County
8. Full Name of Father Hiram Martindale
9. Father's Occupation Merchant
10. Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address 166 S. Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2030

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	31 th of march 1875
4. Place of Birth (Street and Number)	no 72 north Charles st
5. Full Name of Mother	Emma J Crawford
6. Mother's Maiden Name	Emma Jane Seward
7. Mother's Birthplace	Baltimore md
8. Full Name of Father	William J C Crawford
9. Father's Occupation	Brick mason
10. Father's Birthplace	Baltimore md
Name of Medical Attendant, or other Person who makes this Return.	Hamilton Glasgow
Address	
Remarks	

2031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 31st 1875
4. Place of Birth (Street and Number) 213 Lexington St
5. Full Name of Mother Cunigunda Schmidt
6. Mother's Maiden Name Cunigunda Hoagelman
7. Mother's Birthplace Strassgieg
8. Full Name of Father John Schmidt
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Boedeldorf

Name of Medical Attendant, or other Person who makes this Return. Katharina Schoh

Address West Brett St 439.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31st March
4. *Place of Birth (Street and Number)* New St 62 Jackson Sq. West
5. *Full Name of Mother* Sarah Elizabeth Wild
6. *Mother's Maiden Name* " " Herring
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry Charles Wild
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. G. W. Grayson

Address 18 Asquith St

Remarks Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2033

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
6
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female)

2. *Race or Color* (if not of the white race)

3. *Date of Birth*

4. *Place of Birth* (Street and Number)

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2034

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 31st 1875
4. Place of Birth (Street and Number)	No 16 Hill St
5. Full Name of Mother	Mollie Applegarth
6. Mother's Maiden Name	Mollie North
7. Mother's Birthplace	Maryland
8. Full Name of Father	John Applegarth
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Dr H. B Rolle
Address	17 Warren St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2038

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 21st 75
4. *Place of Birth (Street and Number)* No 37 Hillen St.
5. *Full Name of Mother* Ellen Hines
6. *Mother's Maiden Name* Brendel
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Daniel "
9. *Father's Occupation* Laborer "
10. *Father's Birthplace* Ireland "

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wilson

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 12. 1875
4. Place of Birth (Street and Number)	No 10 Asquith St
5. Full Name of Mother	Katharine Richardson
6. Mother's Maiden Name	Norris
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas H. Richardson
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno W. Stevenson M.D.
Address	# 134 N. Exeter St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2037

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	14 February 1875
4. *Place of Birth (Street and Number)*	51 Bank st Baltimore city Md
5. *Full Name of Mother*	Mary Ann Hoover
6. *Mother's Maiden Name*	Mary Ann Kuster
7. *Mother's Birthplace*	Baltimore city Md
8. *Full Name of Father*	Abraham K Hoover
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	Philadelphia city Pa
Name of Medical Attendant, or other Person who makes this Return.	Mary Conner
Address	No 153 Eastpratt st Baltimore
Remarks	

RETURN OF A BIRTH.

2136

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	29th January 1875
4. *Place of Birth (Street and Number)*	6½ Binney St Canton
5. *Full Name of Mother*	Francis Ellen Moxley
6. *Mother's Maiden Name*	" " Ellison
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Walter Moxley jr
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thos Conner 153 Chapel St
Address	
Remarks	

2039

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 24 1875
4. Place of Birth (Street and Number) No. 16 South Bond St Balto City Md
5. Full Name of Mother Sarah Virginia Hickman
6. Mother's Maiden Name Sarah Virginia Larkins
7. Mother's Birthplace Lindsey Ville Worcester Co Md
8. Full Name of Father Francis T. Hickman.
9. Father's Occupation Ship Joiner
10. Father's Birthplace Balto City Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Conner 153

Address Choptank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2040

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4 Child to be Borne yet

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored 24

3. Date of Birth Born in January 24

4. Place of Birth (Street and Number) Born in Baltimore No 9 Dawsons Alley

5. Full Name of Mother Mary Bond

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Bond

9. Father's Occupation Cigar Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Sayer

Address No 214 Dover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child Living in Home
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	1st of February 1875
4. *Place of Birth* (Street and Number)	No 11 Dawson Alley Baltimore
5. *Full Name of Mother*	Mary Jane Mabel
6. *Mother's Maiden Name*	Mary Jane Anderson
7. *Mother's Birthplace*	Calvert County Maryland
8. *Full Name of Father*	Benjamin Mabel
9. *Father's Occupation*	Wagon Driver
10. *Father's Birthplace*	Calvert County Maryland
Name of Medical Attendant, or other Person who makes this Return.	Catherine Sawyer
Address	No 214 Dover St Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2042

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd Child living
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Born in February 18, 1875
4. Place of Birth (Street and Number)	Born in ~~Baltimore~~ Parsons Alley No 3
5. Full Name of Mother	Rachel Adams
6. Mother's Maiden Name	Rachel Patissan
7. Mother's Birthplace	
8. Full Name of Father	Richard Adams
9. Father's Occupation	Brickmaker and Laborer
10. Father's Birthplace	West River Anne Arundel County
Name of Medical Attendant, or other Person who makes this Return.	Catherine Sanger
Address	214 Dover St Baltimore Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2043

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 23th
4. *Place of Birth (Street and Number)* Eyler Street No 7
5. *Full Name of Mother* Mary Bartel
6. *Mother's Maiden Name* Mary Bekel
7. *Mother's Birthplace* Hessen Darmstadt
8. *Full Name of Father* Albert Bartel
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Alexandr Mecklburg

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon D.

Address No 70 Granby Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
7
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Febuary 28th
4. Place of Birth (Street and Number)	115 E Pratt Street
5. Full Name of Mother	Jinnie Porkhuts
6. Mother's Maiden Name	Scott
7. Mother's Birthplace	Boston
8. Full Name of Father	D C Porkhuts
9. Father's Occupation	Baker
10. Father's Birthplace	Richmond
Name of Medical Attendant, or other Person who makes this Return.	Sophie Vinson
Address	No 70 Hanby Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2045

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) black
3. *Date of Birth* February 3d 1875
4. *Place of Birth* (Street and Number) 107 N. Chappell st.
5. *Full Name of Mother* Emily Gaunce
6. *Mother's Maiden Name* " Clarke
7. *Mother's Birthplace* St. Mary's Co. Md.
8. *Full Name of Father* James Gaunce
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Prince George's Co. Md.

Name of Medical Attendant, or other Person who makes this Return. P. G Dausch M. D / for Mary Barber

Address 27 N. Broadway / colored midwife

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2046

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
6
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female 1
2. Race or Color (if not of the white race) White
3. Date of Birth February 12th 1875
4. Place of Birth (Street and Number) 212 N Caroline St
5. Full Name of Mother Alfonsa Mason
6. Mother's Maiden Name " Anderson
7. Mother's Birthplace Balto City
8. Full Name of Father Samuel N Mason
9. Father's Occupation Huckster
10. Father's Birthplace Washington Co N. Carolina

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D

Address # 305 N. Caroline st

Remarks Shoulder presentation

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2717

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 5th 1875
4. Place of Birth (Street and Number)	Hanbert Street Locust Point
5. Full Name of Mother	Catharine E. Stokes
6. Mother's Maiden Name	Catharine E. Burke
7. Mother's Birthplace	County Ottowa Canada
8. Full Name of Father	Thomas H Stokes
9. Father's Occupation	Railroad Clerk
10. Father's Birthplace	Beaufort North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Margaret Ettel
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2048

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 15
4. Place of Birth (Street and Number) Baltimore Low St 105
5. Full Name of Mother Helena Rau
6. Mother's Maiden Name Helena Fetz
7. Mother's Birthplace Kurhessen
8. Full Name of Father Jacob Rau
9. Father's Occupation Bookbinder
10. Father's Birthplace Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemann

Address Granby St No 70

Remarks

Extract Regulations of the Board of Health, Relating to the Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2049

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 18 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd " "

1. Sex (state whether Male or Female) Male —
2. Race or Color (if not of the white race) White
3. Date of Birth ~~131 E. Biddle St~~ 15th March.
4. Place of Birth (Street and Number) 131 E. Biddle St
5. Full Name of Mother A. E. Miller
6. Mother's Maiden Name Ann E. Romley
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles W. Miller
9. Father's Occupation Compounder of Liquors
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address 137 Orleans St

Remarks

Extract Regulations of the Board of Health of the Mother of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2050

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 17th 1875
4. Place of Birth (Street and Number) No 238 Orleans St.
5. Full Name of Mother Mrs. Elizabeth T. Maxwell
6. Mother's Maiden Name Miss E. T. Yearley
7. Mother's Birthplace Baltimore City
8. Full Name of Father Mr. Wm S. Maxwell
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm H. Clendinen

Address No 93 North Broadway

Remarks

Extract Regulations of the Board of Health, Relative to the Return and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2051

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 28 of March 1875
4. Place of Birth (Street and Number) Locust Point Hull Street No 3
5. Full Name of Mother Bridghet Hall
6. Mother's Maiden Name Bridgett Divers
7. Mother's Birthplace Born in ireland
8. Full Name of Father John Hall Jr
9. Father's Occupation Boating
10. Father's Birthplace New York state

Name of Medical Attendant, or other Person who makes this Return. Margaretha Ell

Address

Remarks

Extract Regulations of the Board of Health ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth Mch 30th 1875.
4. Place of Birth (Street and Number) Howard Chapel
5. Full Name of Mother Sarah Brown
6. Mother's Maiden Name Sarah Brooks
7. Mother's Birthplace Talbot Co. Md.
8. Full Name of Father John Francis Brown
9. Father's Occupation Sexton & Whitewasher
10. Father's Birthplace St. Marys Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Thomas R. Brown

Address Park Avenue & Lanvale St

Remarks

Extract Regulations of the Board of Health, to Secure Information for Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2053

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 31th of March
4. Place of Birth (Street and Number) 528 W Lombard
5. Full Name of Mother Mary Smith
6. Mother's Maiden Name Mary Heim
7. Mother's Birthplace Baltimore City
8. Full Name of Father Michel Smith
9. Father's Occupation Fireman
10. Father's Birthplace Cumberland Md.

Name of Medical Attendant, or other Person who makes this Return. Anna Lindner

Address No 45 Monroe St.

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2054

HEALTH DEPARTMENT
APR 10 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April First
4. Place of Birth (Street and Number) McMechan & Penna Ave
5. Full Name of Mother
6. Mother's Maiden Name Derr
7. Mother's Birthplace Havre de Grace Md
8. Full Name of Father Christian Heinlein
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. M. & W. F. A. Kemp

Address 55 North Greene St.

Remarks

Extract Regulations of the Board of Health in the Act of Assembly, Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, ~~4c.~~ 4th)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 1st 1875
4. Place of Birth (Street and Number) Prince St. Near Pratt St.
5. Full Name of Mother Mary ~~Stirling~~ Stuhling
6. Mother's Maiden Name " Schaub
7. Mother's Birthplace Balto Md
8. Full Name of Father Frank H. ~~Stirling~~ Stuhling
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer MD

Address 579 W. Lombard St.

Remarks This Child lived only one hour

Extract Regulations of the Board of Health, Regulating the Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 2nd 1875

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 1st 1875.
4. Place of Birth (Street and Number) Washington St. No 1.
5. Full Name of Mother Mary Schmidt.
6. Mother's Maiden Name Mary Heinzelman
7. Mother's Birthplace Germania
8. Full Name of Father Michial Schmidt.
9. Father's Occupation Laborer.
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No 137 S. Wolfe St.

Remarks —

Extract Regulations of the Board of Health to secure a fuller and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 2nd 1875.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth April 1st 1875.
4. Place of Birth (Street and Number) No 252, Cor. Ann & Alice Ann Streets
5. Full Name of Mother Elizabeth Sommer.
6. Mother's Maiden Name Elizabeth Schuhwirth
7. Mother's Birthplace Germania
8. Full Name of Father E. Sommer.
9. Father's Occupation Barkeeper.
10. Father's Birthplace Germania.

Name of Medical Attendant or other Person who makes this Return Mrs. M. Amend.

Address No 137 S. Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a fair and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2058

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 1st A.D. 1875
4. *Place of Birth* (Street and Number)	No 268 East Chase Street
5. *Full Name of Mother*	Sallie Daggett Meade
6. *Mother's Maiden Name*	Sallie J. Randall
7. *Mother's Birthplace*	Boone County Ky
8. *Full Name of Father*	Philip Nelson Meade
9. *Father's Occupation*	Episcopal Minister
10. *Father's Birthplace*	Clarke County Virginia
Name of Medical Attendant, or other Person who makes this Return.	George W. Reynolds M.D
Address	Washington University Cor of Calvert & Saratoga
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2059

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1st 1875
4. Place of Birth (Street and Number)	128 E Balto st Balto Maryland
5. Full Name of Mother	Sarah L Thompson
6. Mother's Maiden Name	Sarah L Murdock
7. Mother's Birthplace	Balto City Maryland
8. Full Name of Father	Abraham L Thompson
9. Father's Occupation	General Commission Merchant
10. Father's Birthplace	New Brunswick New Jersey
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Andre M.D.
Address	No 121 E Balto st
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2060

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	14th 11
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 31st 1875
4. Place of Birth (Street and Number)	29 Elizabeth Lane
5. Full Name of Mother	Catherine Homer
6. Mother's Maiden Name	" Pillar
7. Mother's Birthplace	Prussia
8. Full Name of Father	Caspar Homer
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Homer M.d
Address	29 Elizabeth Lane
Remarks	Stout and healthy Boy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2061

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 1st 1875
4. *Place of Birth (Street and Number)* 48 N. Schroeder st
5. *Full Name of Mother* Catharine String
6. *Mother's Maiden Name* Fowler
7. *Mother's Birthplace* B. Co.
8. *Full Name of Father* Geo. W. String
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. John Neff M.D.

Address 558 W. Fayette st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2062

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 7th 1875
4. *Place of Birth (Street and Number)* Pratt St. 2d h. g. Mount.
5. *Full Name of Mother* Laura Parlett
6. *Mother's Maiden Name* Crist
7. *Mother's Birthplace* Carrol Co.
8. *Full Name of Father* Henry L. Parlett
9. *Father's Occupation* Engineman
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. John Kelly M.D.

Address 558 W. Pratt St

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2063

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	May 5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20th 1875
4. Place of Birth (Street and Number)	559 W. Lombard St
5. Full Name of Mother	Margaret Parker
6. Mother's Maiden Name	Newton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Parker
9. Father's Occupation	Engineman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Neff M.D
Address	558 W. Fayette St.
Remarks	

Extract Regulations of the Board of Health, to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2064

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24 = 1875
4. Place of Birth (Street and Number)	178 S. Stricker St.
5. Full Name of Mother	Jane Tracey
6. Mother's Maiden Name	— Hilyer
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	Jas. G. Tracey
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John Neff M.D.
Address	555 W. Fayette St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2065

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 5.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th 1875
4. Place of Birth (Street and Number)	118 Hollins St
5. Full Name of Mother	Sarah Berry
6. Mother's Maiden Name	" Wells
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alex. C. Berry
9. Father's Occupation	Policeman
10. Father's Birthplace	Baltimore Co
Name of Medical Attendant, or other Person who makes this Return.	John Neff M.D.
Address	558 W. Fayette St.
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2066

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 661 Fayette St
4. *Place of Birth (Street and Number)* March 5th
5. *Full Name of Mother* Susan A. Brown
6. *Mother's Maiden Name* " Rollins
7. *Mother's Birthplace* Balto. Co.
8. *Full Name of Father* Thos. A. Brown
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Neff M.D.

Address 584 W. Fayette St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2067

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 7th 1875
4. Place of Birth (Street and Number)	613 N. Lanvale St.
5. Full Name of Mother	Margaret Rust
6. Mother's Maiden Name	" Liston
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Glenn Rust
9. Father's Occupation	Merchant
10. Father's Birthplace	Laurel Co.
Name of Medical Attendant, or other Person who makes this Return.	John Neff M.D.
Address	554 N. Dayton Ave
Remarks	

Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 8th 1875
4. Place of Birth (Street and Number) 74 S. Mount St
5. Full Name of Mother Jane Perl
6. Mother's Maiden Name " Colhoun
7. Mother's Birthplace Baltimore
8. Full Name of Father Saml T. Perl
9. Father's Occupation Engineman B & O R R Co
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. John Neff Mid

Address 558 W. Fayette St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10th 75
4. Place of Birth (Street and Number)	S. E. Cor Balto & Strike st
5. Full Name of Mother	Mary Stricklett
6. Mother's Maiden Name	" Williams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Stricklett
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. John Neely Md
Address	554 N. Eutaw st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2070

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 1st
4. *Place of Birth (Street and Number)* No 18 Neighton st
5. *Full Name of Mother* Ann Kehoe
6. *Mother's Maiden Name* Ann Gallman
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Kehoe
9. *Father's Occupation* Peddler
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M. D.

Address 174 E Eager st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2071

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Female 3d
2. Race or Color (if not of the white race) White
3. Date of Birth 1st April, 1875
4. Place of Birth (Street and Number) No 188. Greenmount av
5. Full Name of Mother Julia, McGinn
6. Mother's Maiden Name Julia Hagen
7. Mother's Birthplace Balto. County, Md
8. Full Name of Father Thomas McGinn
9. Father's Occupation Express Driver
10. Father's Birthplace County Tyrone Ireland

Name of Medical Attendant, or other Person who makes this Return. Misses Cresmer

Address Thomas, McGinn 188 Greenmount av

Remarks Ursula T Chesmer

No 129 E Monument st Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2072

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 1st 1875
4. *Place of Birth (Street and Number)* 130 Franklin Street
5. *Full Name of Mother* Catherine M Watts
6. *Mother's Maiden Name* Pope
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Jacob Watts
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. A. A. White M D.

Address No 495 W. Lexington Ste

Remarks Healthy Living Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2073

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st of April 1875
4. Place of Birth (Street and Number)	No 14 Stockholm st.
5. Full Name of Mother	Margarette Lolz
6. Mother's Maiden Name	Baus.
7. Mother's Birthplace	Germana
8. Full Name of Father	Nicholous Lolz
9. Father's Occupation	Cooper.
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohroasser midwife
Address	No 213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2074

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 1st
4. *Place of Birth* (Street and Number) Falls Road
5. *Full Name of Mother* Catharine Remedy
6. *Mother's Maiden Name* " McDaniel
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Remedy
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charles Knowles
By Cathedral St.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2075

HEALTH DEPARTMENT
APR 8 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth born 1st of April.
4. Place of Birth (Street and Number) No. 5 Wilmer Alleman Pennsylvania Ave
5. Full Name of Mother Lilizda Artel
6. Mother's Maiden Name Lilizda
7. Mother's Birthplace born in Germany
8. Full Name of Father Nikolaus Artel.
9. Father's Occupation a Kuper and Beer Brewer
10. Father's Birthplace born in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs. Theresa Eigelding

Address No. 19 Union Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2076

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Four 4 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth April 1st 1875

4. Place of Birth (Street and Number) 116 S Eden St

5. Full Name of Mother Mary Elizabeth Smith

6. Mother's Maiden Name Mary Elizabeth Thomas

7. Mother's Birthplace Baltimore

8. Full Name of Father William Thomas Smith

9. Father's Occupation Farmer

10. Father's Birthplace Prince Georges Co Md

Name of Medical Attendant, or other Person who makes this Return. Catharine M Bulger

Address 122 S Eden St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2077

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	April th 1 1875
4. *Place of Birth* (Street and Number)	Baltimore No 110 n Burge Steet
5. *Full Name of Mother*	Rebecka practar
6. *Mother's Maiden Name*	Rebecka Brown
7. *Mother's Birthplace*	Calbert County
8. *Full Name of Father*	Charles practar
9. *Father's Occupation*	Waiting
10. *Father's Birthplace*	Linch Burge Virginnia
Name of Medical Attendant, or other Person who makes this Return.	Hester Bradly
Address	No 85 Orchard Steet
Remarks	

2078

HEALTH DEPARTMENT APR 9 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 1st 1875
4. *Place of Birth* (Street and Number) 65 St Paul st
5. *Full Name of Mother* Augusta Rebecca Williams
6. *Mother's Maiden Name* " " Howell
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* John Witherspoon Williams
9. *Father's Occupation* Shipping & Commission Merchant
10. *Father's Birthplace* Society Hill S. Carolina

Name of Medical Attendant, or other Person who makes this Return. Philip C. Williams

Address 201 Madison Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2079

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 1st 1875

4. Place of Birth (Street and Number) Bank St. Cor. Registe

5. Full Name of Mother Mrs. Elizabeth T. Town

6. Mother's Maiden Name Miss Elizabeth T. Bell

7. Mother's Birthplace Baltimore County

8. Full Name of Father Mr. John B. Town

9. Father's Occupation Carpenter

10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. H. Clendinen

Address No. 93 North Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children

2080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 2 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 2d
4. Place of Birth (Street and Number)	No 110 Thames
5. Full Name of Mother	Victoria Kistel
6. Mother's Maiden Name	Victoria Klinger
7. Mother's Birthplace	Bubligsdorf Meklen
8. Full Name of Father	Engelbertus Kistel
9. Father's Occupation	Labored
10. Father's Birthplace	Engelbertus Mehrzo
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	208 South Bond Sts
Remarks	This child lived only about 4 hours

2081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	"
3. Date of Birth	2th april 875
4. Place of Birth (Street and Number)	120 central av.
5. Full Name of Mother	Margareth Brady.
6. Mother's Maiden Name	"
7. Mother's Birthplace	Ireland
8. Full Name of Father	Jams Brady
9. Father's Occupation	Laborer
10. Father's Birthplace	U. States.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 2nd 1875
4. Place of Birth (Street and Number)	252 South Durham St
5. Full Name of Mother	Barbara ~~Ott~~ Kainer
6. Mother's Maiden Name	Ott
7. Mother's Birthplace	Johannisfeld Germany
8. Full Name of Father	Charles Kainer
9. Father's Occupation	Laborer
10. Father's Birthplace	Saxonan Germany
Name of Medical Attendant, or other Person who makes this Return.	Maria V. Lederer
Address	No 23 South Durham St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

Twins 2083 2084

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	These Two make three
1. *Sex* (state whether Male or Female)	2 males, Twins,
2. *Race or Color* (if not of the white race)	Brown color
3. *Date of Birth*	April 2nd 3 o'clock A.M.
4. *Place of Birth* (Street and Number)	No 11 Peach alley
5. *Full Name of Mother*	Amelia Kidd
6. *Mother's Maiden Name*	Amelia White
7. *Mother's Birthplace*	Pennsylvania bet. Va.
8. *Full Name of Father*	Richard Kidd
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	Queen Anne's Co. Va.
Name of Medical Attendant, or other Person who makes this Return	R. M. Hall M.D.
Address	266 South Sharp St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, ~~&c.~~ 4th)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 2nd 1875
4. Place of Birth (Street and Number) No 11 Wyeath St.
5. Full Name of Mother Susan Huggins
6. Mother's Maiden Name Susan Eckert.
7. Mother's Birthplace Washington D.C.
8. Full Name of Father Wm. Huggins
9. Father's Occupation Brick Layer
10. Father's Birthplace Balto Md.

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Md.

Address 379 W. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 2d 1875
4. *Place of Birth (Street and Number)* No 372 Chase st
5. *Full Name of Mother* Louise Hildebrand
6. *Mother's Maiden Name* Louise Schaumann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Hildebrand
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address No 182 Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2087

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 2nd 1875
4. Place of Birth (Street and Number) 21 Hillman Street
5. Full Name of Mother Elizabeth Jane Dudley
6. Mother's Maiden Name Elizabeth Jane Colter
7. Mother's Birthplace Baltimore City
8. Full Name of Father Christopher Dudley
9. Father's Occupation Blacksmith
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. E. Geo. Walls

Address 181 E. Monument-st Balto City

Remarks The waters broke 29th March occasioned by an accident- Child very small seemingly premature, Quite a difficult confinement-

2088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth April 2
4. Place of Birth (Street and Number) 329 Alice-Ann St
5. Full Name of Mother Marie Renneburg
6. Mother's Maiden Name Marie Brockmann
7. Mother's Birthplace Baltimore
8. Full Name of Father Ernst Renneburg
9. Father's Occupation Blacksmith
10. Father's Birthplace Hannover

Name of Medical Attendant, or other Person who makes this Return. Regina Hadlage

Address No 289 S. Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 3rd 1875

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 2nd 1875
4. *Place of Birth (Street and Number)* No 162 Centralave
5. *Full Name of Mother* Caty Miller
6. *Mother's Maiden Name* Caty Vogel
7. *Mother's Birthplace* Germania
8. *Full Name of Father* John Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Hy. M. Smith

Address No 137 S. Wolfe St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2890

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
5
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April the 2nd

4. Place of Birth (Street and Number) No 166 ~~Eastern~~ Av. Central Av

5. Full Name of Mother Emma Dinspahn

6. Mother's Maiden Name " Theut

7. Mother's Birthplace Baltimore

8. Full Name of Father John Dinspahn

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address No. 151 E. Pratt St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd (Supposed)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Quadroon (Dem)

3. Date of Birth April 2nd 1875

4. Place of Birth (Street and Number) No 4 Abram St

5. Full Name of Mother Rhuanna Cummings

6. Mother's Maiden Name Rhuanna

7. Mother's Birthplace Baltimore

8. Full Name of Father Francis Thomas Cummings

9. Father's Occupation Dray man

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Montgomery M.D.

Address 76 N. Eden St Baltimore

Remarks

2092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 2nd 1875
4. Place of Birth (Street and Number) No 178 Aisquith Street
5. Full Name of Mother Mrs Rebecca Jane, Cromwell
6. Mother's Maiden Name Miss " " McCalley
7. Mother's Birthplace Elkridge Landing Md
8. Full Name of Father Mr Albert F Cromwell
9. Father's Occupation Painter
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. B. J. Milburn M.D.

Address 187 Aisquith St City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2093

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Primipara
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 2d 1875
4. Place of Birth (Street and Number)	88½ Franklin St.
5. Full Name of Mother	Lucy J. MacKenzie
6. Mother's Maiden Name	Lucy J. Emory
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Geo A. MacKenzie
9. Father's Occupation	Merchant.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell. M.D.
Address	72 E. Pratt St.
Remarks	Duration of Labor 6 hours.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2094

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 2 nd
4. *Place of Birth (Street and Number)* 44 Raggester Street
5. *Full Name of Mother* Maggie Lastner
6. *Mother's Maiden Name* Maggie Kob
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fred Lastner
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Silman

Address No 70 Granby st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. Sex (state whether Male or Female) a Female.
2. Race or Color (if not of the white race) the White race
3. Date of Birth 2nd of April.
4. Place of Birth (Street and Number) No 41 Baker St.
5. Full Name of Mother Lizzie Hail.
6. Mother's Maiden Name Lizzie Hail.
7. Mother's Birthplace born in Baltimore.
8. Full Name of Father Henry Hail
9. Father's Occupation a Hoeler
10. Father's Birthplace born in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Cigelding

Address No 14 Union Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 2d 1875
4. Place of Birth (Street and Number)	2 St. Peter Street
5. Full Name of Mother	Henriette Becker
6. Mother's Maiden Name	Henriette Tabriel
7. Mother's Birthplace	Prussian Germany
8. Full Name of Father	Henry Becker
9. Father's Occupation	Piano-maker
10. Father's Birthplace	Prussian Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	36 Pearl Street.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2097

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	2nd April, '75.
4. *Place of Birth* (Street and Number)	515 Lexington St.
5. *Full Name of Mother*	Margaret Blackhead
6. *Mother's Maiden Name*	Margaret Ray
7. *Mother's Birthplace*	Ellicott City
8. *Full Name of Father*	Mathew Blackhead
9. *Father's Occupation*	Tin worker
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	A. W. Littell
Address	231 Franklin St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 2d 1875.
4. Place of Birth (Street and Number)	195 Druid Hill Av
5. Full Name of Mother	Mary Laura Shannon
6. Mother's Maiden Name	Mary Laura Preston
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Shannon
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	P. P. Wilson M. D.
Address	146 Park Avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2099

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8ter Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 2nd 1875
4. *Place of Birth* (Street and Number) Lewis St. No 45.
5. *Full Name of Mother* Katharina Krüger
6. *Mother's Maiden Name* Katharina Krämer
7. *Mother's Birthplace* Veitsheyheim N. Baiern Germany
8. *Full Name of Father* Lorenz Krüger
9. *Father's Occupation* Musician
10. *Father's Birthplace* Niederwerrn N. Baiern Germany

Name of Medical Attendant or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2100

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) —

3. Date of Birth April 2d 1875.

4. Place of Birth (Street and Number) 225 Conway St.

5. Full Name of Mother Anna R. Briars.

6. Mother's Maiden Name " " Miller.

7. Mother's Birthplace Balto. City.

8. Full Name of Father Jno. E. Briars.

9. Father's Occupation Plumber.

10. Father's Birthplace England.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M.D.

Address 158 S. Sharp St.

Remarks Child living. but very delicate. The mother Suffered with dropsy for the last Seven months of Pregnancy.

2101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Th "
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	3rd april 875
4. Place of Birth (Street and Number)	9. W Lombard St.
5. Full Name of Mother	Kath Duvin
6. Mother's Maiden Name	" Mony
7. Mother's Birthplace	Irland
8. Full Name of Father	Jams Duvin
9. Father's Occupation	Labourer
10. Father's Birthplace	Irland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 E Lombard st
Remarks	

2102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 3rd
4. Place of Birth (Street and Number)	156 Chew St.
5. Full Name of Mother	Frances Ann Hunter
6. Mother's Maiden Name	Bryson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm. Thomas Hunter
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	D. G. W. Mayer
Address	18 Asquith St.
Remarks	Really Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2103

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Apl 3rd 1875
4. *Place of Birth* (Street and Number)	232 Pierce St.
5. *Full Name of Mother*	Agnes Harkness
6. *Mother's Maiden Name*	Agnes Mc Coy
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Thomas Harkness
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2104

"

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR. 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apl 3rd 1875
4. Place of Birth (Street and Number)	190 Pierce St.
5. Full Name of Mother	Louisa Rothange
6. Mother's Maiden Name	Louisa Temme
7. Mother's Birthplace	Germany
8. Full Name of Father	George Henry Rothange
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2105

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* [illegible]
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 3d 1875
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address

Remarks

[illegible]

Barbara Reit

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 1st

1. *Sex* (state whether Male or Female) Male Child

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* born on the 3rd of April in the Year 1875

4. *Place of Birth* (Street and Number) 55 Bartlett Street

5. *Full Name of Mother* Elizabeth Kornmann

6. *Mother's Maiden Name* E. Smallwood

7. *Mother's Birthplace* Baltimore County Md.

8. *Full Name of Father* John Kornmann

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Born in the City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Killen

Address 5/ Smallwood Balto. Md.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 3rd 1875
4. Place of Birth (Street and Number) 110 St Peter St
5. Full Name of Mother Emma Rebecca Spedden
6. Mother's Maiden Name Emma Rebecca McKnew
7. Mother's Birthplace Baltimore
8. Full Name of Father Zachary Taylor Spedden
9. Father's Occupation Axle Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. M. Colburn

Address 166 S. Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	3. of April.
4. Place of Birth (Street and Number)	Cross St. No. 268.
5. Full Name of Mother	Mary Wagner.
6. Mother's Maiden Name	Mary Lehr.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	William Wagner.
9. Father's Occupation	Shumaker.
10. Father's Birthplace	Hessen Cassel Stade.
Name of Medical Attendant, or other Person who makes this Return.	M. Martin
Address	West St. No. 120.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 3rd – 15 min of 4 PM
4. *Place of Birth* (Street and Number)	182 George St –
5. *Full Name of Mother*	Clara Nutter
6. *Mother's Maiden Name*	" Appelt
7. *Mother's Birthplace*	Northumpton County Pa
8. *Full Name of Father*	Samuel Nutter
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace*	Phila Pa
Name of Medical Attendant, or other Person who makes this Return.	R Winslow MD
Address	23 McCulloh or
Remarks	486 Pa Av –

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2110

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR. 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 3rd April 1875

4. *Place of Birth* (Street and Number) S. E. cor Stricker & Balto. sts

5. *Full Name of Mother* Susan Matilda Clark

6. *Mother's Maiden Name* " Parsley

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Wm. Henry Clark

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Ohio

Name of Medical Attendant, or other Person who makes this Return. P. V. Benson

Address 187 Hollins st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 t.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* mulatto
3. *Date of Birth* 2. 3. April
4. *Place of Birth (Street and Number)* Eastern Street 6 corner.
5. *Full Name of Mother* Anna Buttkau
6. *Mother's Maiden Name* Bremmer
7. *Mother's Birthplace* Oldenburg
8. *Full Name of Father* Carl Ludwig Buttkau
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmer.

Address 118. Early St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth { 9th }
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	April 3rd 1875
4. Place of Birth (Street and Number)	No 38 N. Canal Street
5. Full Name of Mother	Charlet Willis
6. Mother's Maiden Name	Charlet Dorsey
7. Mother's Birthplace	Baltimore City Jells Point
8. Full Name of Father	Edward Willis
9. Father's Occupation	Labourer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Ann. R. Lloyd
Address	No 340 N. Chapsell Stre 6
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2173

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April third
4. Place of Birth (Street and Number)	No. 402 Eachound st.
5. Full Name of Mother	Rebecca McGee
6. Mother's Maiden Name	Rebecca Bayley
7. Mother's Birthplace	Maryland
8. Full Name of Father	George R. McGee
9 Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Silas Baldwin M. D.
Address	162 Townsend st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2114

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth April 3d 1875.

4. Place of Birth (Street and Number) 8 N.E. w Baltimore Street

5. Full Name of Mother Franziska Egger

6. Mother's Maiden Name P. Spalter

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father H. Egger

9. Father's Occupation Carpenter

10. Father's Birthplace Prussian Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 56 Pearl Hud.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

Twins 2115 2116

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No Children 5

1. Sex (state whether Male or Female) Two twins Male
2. Race or Color (if not of the white race) Color of Children is brown [illegible]
3. Date of Birth Born on the third of April 18[illegible]
4. Place of Birth (Street and Number) Place of Birth No 46 Potoxon st.
5. Full Name of Mother Canton. Name of mother Rebecca [illegible]
6. Mother's Maiden Name Mothers Maiden name Rebecca [illegible]
7. Mother's Birthplace Born in Carbline County [illegible]
8. Full Name of Father Name of Father William F Horney
9. Father's Occupation Born in Dorchester County [illegible]
10. Father's Birthplace Father occupation Oyster [illegible]

Name of Medical Attendant, or other Person who makes this Return. Mid wife Harriet Britan

Address No 70 North Ann st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Eleventh Child

1. Sex (state whether Male or Female) It is a Female Child
2. Race or Color (if not of the white race) White Child.
3. Date of Birth First of April ~~Birth~~ ~~Child~~.
4. Place of Birth (Street and Number) No 459 Boston Avenue
5. Full Name of Mother Mrs Mary J Johnson
6. Mother's Maiden Name Mrs Mary J Clarkley
7. Mother's Birthplace Baltimore.
8. Full Name of Father Richard Johnson
9. Father's Occupation Junk Buyer
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 5th 1875
4. Place of Birth (Street and Number) 10 E Fort Avenue Cor Bluncum
5. Full Name of Mother Johanna Ripple
6. Mother's Maiden Name Johanna Miller
7. Mother's Birthplace Baltimore City
8. Full Name of Father John W Ripple
9. Father's Occupation Foreman at Oyster Packing
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger.

Address 23 N. Liberty St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2179

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* april 3rd 1875
4. *Place of Birth* (Street and Number) Dover st 128
5. *Full Name of Mother* Annie Mary Steames
6. *Mother's Maiden Name* Annie Mary Bando
7. *Mother's Birthplace* ~~Jefferson County Va~~ Harpers Ferry Va
8. *Full Name of Father* David Steames
9. *Father's Occupation* ~~Laborer~~ Hostler
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	the 5 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	on the 3 of April
4. Place of Birth (Street and Number)	No 13 in Duncan Alley Baltimore
5. Full Name of Mother	Harriet Henry
6. Mother's Maiden Name	Harriet Chase
7. Mother's Birthplace	Anne Arundel County
8. Full Name of Father	William James Henry
9. Father's Occupation	Laborer
10. Father's Birthplace	Anne Arundel County
Name of Medical Attendant, or other Person who makes this Return.	Kitty Mindowny
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~24~~
2121 —

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Coloerd
3. Date of Birth 3 of April
4. Place of Birth (Street and Number) No. 6 Little Broadway M.D.
5. Full Name of Mother
6. Mother's Maiden Name Searrer Gromison
7. Mother's Birthplace Happity Gross Bal M.D.
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
Name of Medical Attendant, or other Person who makes this Return. Car Walker
Address
Remarks No account of the parther

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2122

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 3rd 1875
4. *Place of Birth (Street and Number)* Edmondson av 2nd h of Republic
5. *Full Name of Mother* Evelina Louise Megraw
6. *Mother's Maiden Name* Evelina Leliza Supplee
7. *Mother's Birthplace* Wilmington Delaware
8. *Full Name of Father* William A Megraw
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. M Hammond M.D.

Address 53 N Paca St

Remarks Natural labor

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 3. 1875
4. Place of Birth (Street and Number) 29 N. Green St.
5. Full Name of Mother Barbara, Brunner
6. Mother's Maiden Name " Dumler
7. Mother's Birthplace Bavaria, Germany
8. Full Name of Father Joseph Brunner
9. Father's Occupation Currier
10. Father's Birthplace Bavaria, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anne Dumler 60 N Schroeder

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2124

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 3d 1875 1½ o'clock A. M.
4. *Place of Birth* (Street and Number)	No. 206 Franklin St
5. *Full Name of Mother*	Mary Ann Lacy
6. *Mother's Maiden Name*	" " Walker
7. *Mother's Birthplace*	Va
8. *Full Name of Father*	Thos. Patrick Lacy
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	E.C. Harris M.D.
Address	No 360 Lexington St. Balt.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2125

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first born child 3d of april 1875

1. *Sex* (state whether Male or Female) boy
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 3d of april 1875
4. *Place of Birth* (Street and Number) randolf street No 17 Baltimore
5. *Full Name of Mother* Caroline Jane Metzdorff
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Buckhannon York
9. *Father's Occupation* Carter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address No 131 Battery Avenue Mrs Comangy mid wife

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4

RETURN OF A BIRTH.

2126

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	third of april
4. Place of Birth (Street and Number)	Baltimore Lemon Street 73
5. Full Name of Mother	Emily Link
6. Mother's Maiden Name	Emily Gill
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thomas Link
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Celestain Causeway
Address	No 181 Battery Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April the 4th
4. Place of Birth (Street and Number) No 52 President St.
5. Full Name of Mother Lizzie ~~Spezel~~ Latz
6. Mother's Maiden Name Spezel
7. Mother's Birthplace ~~Baltimore~~ Germany
8. Full Name of Father Nicalhaus Spezel
9. Father's Occupation Cuper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address No 151 E. Pratt St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2128

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 April
4. *Place of Birth (Street and Number)* 19 Harrison St Canton
5. *Full Name of Mother* Julia E Jenkins
6. *Mother's Maiden Name* Julia E Edwards
7. *Mother's Birthplace* Charles County Md
8. *Full Name of Father* John E Jenkins
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Charles County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Sullens

Address 104 Linsley st Canton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2129

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 4th 1875

4. Place of Birth (Street and Number) 179 Barre St

5. Full Name of Mother Florella Jane Ruark

6. Mother's Maiden Name Matheus

7. Mother's Birthplace Martinsburg W Va

8. Full Name of Father Nathan Lewis Ruark

9. Father's Occupation Merchant

10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Jas H Cuney

Address 76 Naca St

Remarks

2130

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th of April 1875
4. Place of Birth (Street and Number)	No. 39 Hano st.
5. Full Name of Mother	K. Cathern Kraus.
6. Mother's Maiden Name	Shaffert.
7. Mother's Birthplace	Germana
8. Full Name of Father	Henry Kraus
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Germana
Name of Medical Attendant, or other Person who makes this Return.	J. Schroesser midwife
Address	No. 213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Baltimore April 1st 1875
4. Place of Birth (Street and Number)	No 25 Moore Alley
5. Full Name of Mother	Mary Johnson
6. Mother's Maiden Name	Mary Harvard
7. Mother's Birthplace	Born in Virginia
8. Full Name of Father	Samuel Johnson
9. Father's Occupation	Sailor
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Hetty Bradley
Address	85 Orchard Std
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether Male or Female) Mädchen.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 4. April 1875.
4. Place of Birth (Street and Number) Klinton Street. Canton.
5. Full Name of Mother Marie Ernst
6. Mother's Maiden Name Greham.
7. Mother's Birthplace England.
8. Full Name of Father Wilhelm Ernst
9. Father's Occupation Cigarrenmacher.
10. Father's Birthplace Braunschweig.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address 118. Carlz St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 4
4. Place of Birth (Street and Number) Baltimore East Pratt st No 2
5. Full Name of Mother Louisa Hairbragt
6. Mother's Maiden Name Schlaszungan
7. Mother's Birthplace Louisa Daszler
8. Full Name of Father William Hairbragt
9. Father's Occupation ~~Schlaszungan~~ None
10. Father's Birthplace Schlaszungan

Name of Medical Attendant, or other Person who makes this Return. Sophia Sieman

Address No 70 Granby St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 7th 1875
4. *Place of Birth* (Street and Number)	N. E. Cor. Pennsylvania Ave & Townsend St
5. *Full Name of Mother*	Louisa J. Browning
6. *Mother's Maiden Name*	Louisa J. Spangler
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George G. Browning
9. *Father's Occupation*	Unemployed
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 N. Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 2135

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether Male~~ or Female)
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 4th 1875
4. Place of Birth (Street and Number) 22 Rose St
5. Full Name of Mother Mary E Thomas
6. Mother's Maiden Name " Woods
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Francis J Thomas
9. Father's Occupation Barber
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. D G Ridley

Address 87 Mulberry St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 4th 1875
4. Place of Birth (Street and Number) No 146 Forrest st
5. Full Name of Mother Eliza Grob
6. Mother's Maiden Name Eliza Faistenhammer
7. Mother's Birthplace Germany
8. Full Name of Father Adolph Grob
9. Father's Occupation Cigar maker
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address No 181 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2137

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 4th 1875
4. Place of Birth (Street and Number) No 400 Chase st
5. Full Name of Mother Anne Hein
6. Mother's Maiden Name Anne Lucy
7. Mother's Birthplace Germany
8. Full Name of Father Caspar Hein
9. Father's Occupation Platter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hina Hillegeist

Address No 182 East Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 4th 1875
4. *Place of Birth (Street and Number)* 202 Saratoga st
5. *Full Name of Mother* Nellie Jones
6. *Mother's Maiden Name* Lewis
7. *Mother's Birthplace* Kent County Delaware
8. *Full Name of Father* George F Jones
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Chester Co Penn.

Name of Medical Attendant, or other Person who makes this Return. Philip C. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

8 child

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 of april 1875

1. Sex (state whether Male or Female) boy ~~Female~~
2. Race or Color (if not of the white race) a white Child
3. Date of Birth Sunday
4. Place of Birth (Street and Number) Burgunder Street 130
5. Full Name of Mother Miss Lizzie Reese
6. Mother's Maiden Name Lizzie Pfaffenbach
7. Mother's Birthplace Born in germeney
8. Full Name of Father Peter Reese
9. Father's Occupation Peter Reese Sigar maker
10. Father's Birthplace Mr Reese Born in germeney

Name of Medical Attendant, or other Person who makes this Return. Katharina Seebach

Address Wolf Street 1439

Remarks Catharine Seebach

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth April 4
4. Place of Birth (Street and Number) 24 Cove All
5. Full Name of Mother Carlina Willmina Christina Lewisa
6. Mother's Maiden Name Benseler
7. Mother's Birthplace Kingdom Hanover Beyenrode Gillin Germany
8. Full Name of Father George Bartholomew
9. Father's Occupation Type Setter
10. Father's Birthplace Nein Banhimi Bavaria

Name of Medical Attendant, or other Person who makes this Return. Jmel Enterline

Address 582 W Lombert st.

Remarks The Parents are Married 6 years

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2141

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 4th April
4. Place of Birth (Street and Number) Eutaw St. No 350
5. Full Name of Mother Sophia Baumslag
6. Mother's Maiden Name Reyse
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Baumslag
9. Father's Occupation Taylor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 S. Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2142

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) black
3. *Date of Birth* April 4th 1875
4. *Place of Birth* (Street and Number) Durham st. between Madison & Monument no number on house
5. *Full Name of Mother* Lucinda Johnson
6. *Mother's Maiden Name* " Sewell
7. *Mother's Birthplace* Baltimore Co. Md
8. *Full Name of Father* William Johnson
9. *Father's Occupation* Sawing
10. *Father's Birthplace* Anne Arundel Co Md.

Name of Medical Attendant, or other Person who makes this Return. P. G. Dausch M. D for Mary Barber colored midwife

Address 27. N. Broadway,

Remarks

2143

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4th
4. Place of Birth (Street and Number)	423 Fayette St.
5. Full Name of Mother	Lou A. Higgins
6. Mother's Maiden Name	Lou A. McKillin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James H. Higgins
9. Father's Occupation	Captain
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. W. Simpson M.D.
Address	177 E. Madison St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2144

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 5th
4. Place of Birth (Street and Number)	No 2 Union alley
5. Full Name of Mother	Alice carter
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Amelia Swann
Address	No 2 Wayson alley
Remarks	Born between 6 & 7 o clock

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2145

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. April 6th 1875

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 5th 1875
4. Place of Birth (Street and Number) No 380 Little Alliceana St.
5. Full Name of Mother Caty Schmidt
6. Mother's Maiden Name Caty Rumpel
7. Mother's Birthplace America
8. Full Name of Father Wm Schmidt
9. Father's Occupation Laborer
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return Mrs. McAmend

Address No 137 S. Wolfe St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2146.

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 5th 12.30 A.M. 1875
4. *Place of Birth (Street and Number)* 65 N. Chappell st.
5. *Full Name of Mother* Anna Hoffmann
6. *Mother's Maiden Name* " Shindell
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Hoffmann
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschard,

Address 27 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2147

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Wite
3. Date of Birth 5 April
4. Place of Birth (Street and Number) 11 Cambridge
5. Full Name of Mother Christana Barth
6. Mother's Maiden Name Cristina Perding
7. Mother's Birthplace Germine
8. Full Name of Father Earnest Barthol
9. Father's Occupation Laborar
10. Father's Birthplace Germina

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) the white race.
3. Date of Birth 5th of April.
4. Place of Birth (Street and Number) No 455 Saratoga St.
5. Full Name of Mother Maggie Hank.
6. Mother's Maiden Name Maggie Brennan.
7. Mother's Birthplace born in Germany
8. Full Name of Father Valentine Hank.
9. Father's Occupation ~~born in Germany.~~ Dated work.
10. Father's Birthplace born in Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Theresa Engelbinger Med.

Address No 14 Union Street.

Remarks

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2149

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth April 5 1875
4. Place of Birth (Street and Number) 6 North Shroder St
5. Full Name of Mother Mary A Young
6. Mother's Maiden Name Mary A Neil
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father Thomas Young
9. Father's Occupation Foreman
10. Father's Birthplace County Meath Ireland
Name of Medical Attendant, or other Person who makes this Return. Mrs Dunsler
Address
Remarks

2150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d.
1. Sex (state whether Male or Female)	Weiblich.
2. Race or Color (if not of the white race)	mulatto.
3. Date of Birth	5. April 1875.
4. Place of Birth (Street and Number)	94 Lexington St. Canton.
5. Full Name of Mother	Margarethe Strattemeier
6. Mother's Maiden Name	Schmidt.
7. Mother's Birthplace	Luxemb.
8. Full Name of Father	Rudolph Strattemeier.
9. Father's Occupation	Arbeiter.
10. Father's Birthplace	Luxemburg.
Name of Medical Attendant, or other Person who makes this Return.	Anna Rimmer.
Address	118. Curly St. Canton.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~2072~~
2151

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 3d 1875
4. Place of Birth (Street and Number)	125 Battery av.
5. Full Name of Mother	Alice Mitchell Barnett
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	Marion Mitchell
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. E. Lee. Hannon & Barnes
Address	
Remarks	

RETURN OF A BIRTH.

5752
2152

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. th

1. *Sex (state whether Male or Female)* Female.

2. *Race or Color (if not of the white race)*

3. *Date of Birth* April 5. 76

4. *Place of Birth (Street and Number)* 36. Castle St

5. *Full Name of Mother* Marie Butner

6. *Mother's Maiden Name* Gebhart

7. *Mother's Birthplace* Baltimore City.

8. *Full Name of Father* Gottlieb Butner.

9. *Father's Occupation* Shoe Setter

10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs B Buchmann

Address 120. Back St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2. Th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 5. 75
4. Place of Birth (Street and Number)	76 Wolfe St
5. Full Name of Mother	Marie Herman.
6. Mother's Maiden Name	Meher.
7. Mother's Birthplace	Baltimore Citi
8. Full Name of Father	Conrad Herman.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Citi
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2154

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child mother
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 5th
4. Place of Birth (Street and Number)	S. Bond Street
5. Full Name of Mother	Elizabet Ellbeck
6. Mother's Maiden Name	Elizabet Sall
7. Mother's Birthplace	Sete of Baltimore
8. Full Name of Father	John M. Ellbeck
9. Father's Occupation	Clothier Cutter
10. Father's Birthplace	Bussersien
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Brendel
Address	N 208 South Bond st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2155

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seven

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6th 1875
4. *Place of Birth (Street and Number)* 202 Duncan alley
5. *Full Name of Mother* Minnie Cooney
6. *Mother's Maiden Name* Minnie Cooney
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Cooney
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Tracy

Address 193 S Chester St

Remarks Twenty child

---

reat Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2156

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 5th 1875

4. Place of Birth (Street and Number) 189 S. Charles St

5. Full Name of Mother Kate Myers

6. Mother's Maiden Name Kate Bond

7. Mother's Birthplace Balto

8. Full Name of Father William Myers

9. Father's Occupation Huckster

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Dr. E. Frey

Address 193 S. Charles St

Remarks Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2157

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 5th 1875
4. Place of Birth (Street and Number)	119 Hudson Alley
5. Full Name of Mother	Mary Connell
6. Mother's Maiden Name	Mary Hanlon
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Connell
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	No 7 Federal Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2158

HEALTH DEPARTMENT
APR 12 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 5th 1875
4. Place of Birth (Street and Number) # 338 N. Bond St
5. Full Name of Mother Mary Elizabeth Barber
6. Mother's Maiden Name " " McCauley
7. Mother's Birthplace Anne Arundel Co Md
8. Full Name of Father Philip J. Barber
9. Father's Occupation Sergeant of Police
10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address #305 N. Caroline

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2157

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 5th 1875
4. *Place of Birth (Street and Number)*	No 550 Gay st
5. *Full Name of Mother*	Susan Hemjel
6. *Mother's Maiden Name*	Susan Ebert
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	William Hemjel
9. *Father's Occupation*	Brushmaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mina Hillquist
Address	No 181 East Monument st
Remarks	

2160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th April 1875
4. Place of Birth (Street and Number)	80 Hamburg
5. Full Name of Mother	Mary Clift
6. Mother's Maiden Name	Mary Norfolk
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mark. Clift
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster
Address	57 Barnes
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Five
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 5th 1875.
4. Place of Birth (Street and Number)	No 11 Rock St.
5. Full Name of Mother	Wilhelmina Schminger
6. Mother's Maiden Name	Wilhelmina Hoffman
7. Mother's Birthplace	Mecklenburg Schverin Poussia
8. Full Name of Father	Rudolph Schminger
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Maria Goodman
Address	No 458. W. Lexington St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Apr 5th 1875
4. Place of Birth (Street and Number) 31 Lemmon St
5. Full Name of Mother Frances Loslin
6. Mother's Maiden Name Frances O'Neil
7. Mother's Birthplace Laurel Hartwig Md
8. Full Name of Father Eugene Loslin
9. Father's Occupation Stone Mason
10. Father's Birthplace Ellicott City

Name of Medical Attendant, or other Person who makes this Return. Wm D H Larkin Md

Address No 648 W Lombard St

Remarks Primipara, Normal Condition as regards infant Labor natural

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT APR 13 1875 BALTIMORE

2163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 5d. of ~~Mar~~ April 1875
4. Place of Birth (Street and Number) No 233 West st.
5. Full Name of Mother Emile Stubens
6. Mother's Maiden Name Jones.
7. Mother's Birthplace America
8. Full Name of Father Tomas Stubens
9. Father's Occupation Laborer
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. J Lohwasser midwife

Address No. 213 ~~Cross~~ st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2164

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
10
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th of April 1875
4. Place of Birth (Street and Number)	No 25 Randolph st.
5. Full Name of Mother	Elisabeth Reinhardt
6. Mother's Maiden Name	Schmidt
7. Mother's Birthplace	Germana
8. Full Name of Father	Friedrich Reinhardt
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	No 213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2165

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Five
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 6th 1875
4. *Place of Birth* (Street and Number)	76 Orleans st
5. *Full Name of Mother*	Almira A Whitlock
6. *Mother's Maiden Name*	Almira A Hagner
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John W Whitlock
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharine M. Bedford
Address	122 N Eden st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2166

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6 — 1875
4. Place of Birth (Street and Number)	212 George St.
5. Full Name of Mother	Emma Matilda Rhelan
6. Mother's Maiden Name	Emma Matilda Baldwin
7. Mother's Birthplace	Howard County Maryland
8. Full Name of Father	John Wesley Rhelan
9. Father's Occupation	Tea Dealer
10. Father's Birthplace	Balto. County Maryland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 7 1875

HEALTH DEPARTMENT APR 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 6th 1875.
4. Place of Birth (Street and Number) Lancaster St. No 74.
5. Full Name of Mother Barbara Lauterback.
6. Mother's Maiden Name Barbara Cox
7. Mother's Birthplace Germania.
8. Full Name of Father Conrad Lauterback.
9. Father's Occupation Laborer.
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolfe St.

Remarks —

2168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th month 5th 1875
4. Place of Birth (Street and Number)	14 Decker St
5. Full Name of Mother	Mary P. Geckie.
6. Mother's Maiden Name	Mary P. Shaw
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Charles W Geckie.
9. Father's Occupation	Merchant
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	Wm Riley M.D.
Address	47 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2169.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
12
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th 1875
4. Place of Birth (Street and Number)	Baltimore Lemon st No 5
5. Full Name of Mother	Degly Anathon
6. Mother's Maiden Name	Degly Benton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Benton
9. Father's Occupation	Brass Finisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Catherine Mitchell
Address	No. 58 Richmond st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 2h P.M. 6th April 1875.

4. Place of Birth (Street and Number) Pennsylvania Avenue No 733

5. Full Name of Mother Emily Catharine Bufler

6. Mother's Maiden Name Emily Catharine Landenslager

7. Mother's Birthplace Baltimore City

8. Full Name of Father Edward White Bufler

9. Father's Occupation Driver of Express Wagon

10. Father's Birthplace Lancaster County Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Wm. S. Worth M.D.

Address No 130 E. Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6th April 875
4. *Place of Birth (Street and Number)* 75 E Lombard St
5. *Full Name of Mother* Elise Veit
6. *Mother's Maiden Name* " Schneider
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Hermann Veit
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Jakpen

Address 52 E. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Ch
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 6. 75.
4. Place of Birth (Street and Number)	272 E Bond. St
5. Full Name of Mother	Ida Hagen
6. Mother's Maiden Name	= Vater
7. Mother's Birthplace	Germanie
8. Full Name of Father	Gustav Hagen.
9. Father's Occupation	Laborer
10. Father's Birthplace	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120. Bank St
Remarks	

2173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 6th 1875
4. Place of Birth (Street and Number) No 9 Sterling st
5. Full Name of Mother Fridericha Burcher
6. Mother's Maiden Name Fridericha S. Sclagel
7. Mother's Birthplace Germany
8. Full Name of Father Adam Burcher
9. Father's Occupation Carpenter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Anna F Gilley ist

Address No 1.82 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21.714

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th.
4. Place of Birth (Street and Number)	17 S. Eden St
5. Full Name of Mother	Lottie Strauss
6. Mother's Maiden Name	Lottie Rode
7. Mother's Birthplace	New York
8. Full Name of Father	Jos. H. Strauss
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Dennis
Address	148 Mulberry St
Remarks	Living & Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2173

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	
3. Date of Birth	April 6th 1875
4. Place of Birth (Street and Number)	162 Druid Hill av
5. Full Name of Mother	Jessie Barclay Brennet
6. Mother's Maiden Name	Jessie Barclay
7. Mother's Birthplace	Greenock Scotland
8. Full Name of Father	William Brennet
9. Father's Occupation	Plumber
10. Father's Birthplace	Greenock Scotland
Name of Medical Attendant, or other Person who makes this Return.	Calvert Winslow
Address	23 McCulloh St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

RETURN OF A BIRTH.

2176

HEALTH DEPARTMENT. APR 2 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 6th 1875
4. Place of Birth (Street and Number)	287 E Balto st maryland.
5. Full Name of Mother	Lotta E Fritters.
6. Mother's Maiden Name	Lotta E Nicols.
7. Mother's Birthplace	Balto city Md.
8. Full Name of Father	Thomas D Fritters.
9. Father's Occupation	Printer.
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway Andre MD
Address	N 121 E Balto st Md.
Remarks	

2177

HEALTH DEPARTMENT
APR 12 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 6 April
4. *Place of Birth (Street and Number)* 288 Gross Strit
5. *Full Name of Mother* Karolina Schäfer
6. *Mother's Maiden Name* K Bernheim
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Friedrich Schäfer
9. *Father's Occupation* Kopper
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leadenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2178

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or Female)* [illegible]
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* 6 April
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 74 [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2179

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. Sex (state whether Male or Female) Männlich

2. Race or Color (if not of the white race) Weiß

3. Date of Birth 6 April

4. Place of Birth (Street and Number) Liefenstritt

5. Full Name of Mother Maria Götz

6. Mother's Maiden Name M. Schmiermann

7. Mother's Birthplace Baltimore

8. Full Name of Father Johannes Schmiermann

9. Father's Occupation Arbeiter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhall Stritt

Remarks

rect Record of Vital Statistics in the City of Baltimore.

Thut any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2180

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Children.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Withe
3. Date of Birth 6th April.
4. Place of Birth (Street and Number) No. 105. Cross St.
5. Full Name of Mother Mary Ann. Ryder.
6. Mother's Maiden Name Mary Ann. Hunt.
7. Mother's Birthplace Irlisbury. md
8. Full Name of Father Daivet. Ryder.
9. Father's Occupation Slim Board Engineer
10. Father's Birthplace Croton New York. Stade

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin Mo

Address West St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 6th 1875
4. *Place of Birth* (Street and Number)	No 52 Fawn St.
5. *Full Name of Mother*	Ellen A Donaldson
6. *Mother's Maiden Name*	Ellen A. Thompson
7. *Mother's Birthplace*	Balto - Md
8. *Full Name of Father*	Thos. M Donaldson
9. *Father's Occupation*	U. S. Store Keeper
10. *Father's Birthplace*	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	P. L. Zimmermann
Address	73 East Pratt St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2182

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 6th 1875
4. *Place of Birth* (Street and Number) S. Washington St., No. 17.
5. *Full Name of Mother* Anna Sheridan
6. *Mother's Maiden Name* Anna Cromwell
7. *Mother's Birthplace* Kirriden Gerri V. Grosbritannien Europa
8. *Full Name of Father* Franz Sheridan
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Kerriden Gerri V. Grosbritannien Europa

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address No. Dallas St., No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 6th 1875
4. Place of Birth (Street and Number) No 35 Elliot St Balto Md
5. Full Name of Mother Hannah J. Jones
6. Mother's Maiden Name Hannah J McVey
7. Mother's Birthplace Port Deposit Maryland
8. Full Name of Father George M Jones
9. Father's Occupation Rail Roaders
10. Father's Birthplace Baltimore City Maryland

Name of Medical Attendant, or other Person who makes this Return. E. Jones Williams MD

Address No 33 Elliot St Balto Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2184

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th 1875
4. Place of Birth (Street and Number)	Belair road Multiplace
5. Full Name of Mother	Catherine M. Kier
6. Mother's Maiden Name	Catherine M. Seel
7. Mother's Birthplace	Steinsultz near Sinsheim Grossh.
8. Full Name of Father	Adam Kier
9. Father's Occupation	Barbrewer Boss.
10. Father's Birthplace	Eschelbrunn Grossherzogthum Baden
Name of Medical Attendant, or other Person who makes this Return.	K. A. Butt.
Address	No 209. Monument St. Corner of Central Avenue.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2185

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 7th
4. Place of Birth (Street and Number)	Baltimore 133 Register
5. Full Name of Mother	Kate Richards
6. Mother's Maiden Name	Kate Conry
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Richards
9. Father's Occupation	Sexton
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louis S. Chrisman
Address	No 129 E. Monument St
Remarks	Baltimore Md

2186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 d.

1. Sex (state whether Male or Female) Knabe.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 7. Aprill 1875.
4. Place of Birth (Street and Number) 84. Herrisen St. Canton.
5. Full Name of Mother Eva Kraufs
6. Mother's Maiden Name Scheck.
7. Mother's Birthplace Zellingen.
8. Full Name of Father Andreas Kraufs.
9. Father's Occupation Handlanger.
10. Father's Birthplace Lottenheim.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address 118 Curly St. Canton.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 7th 1875

4. Place of Birth (Street and Number) Maryland Ave Exchange

5. Full Name of Mother Susanna Festerman

6. Mother's Maiden Name Susanna Uhland

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Karl Festerman

9. Father's Occupation Laborer

10. Father's Birthplace Braunschweig Germany

Name of Medical Attendant, or other Person who makes this Return. Annie [illegible]

Address 24 Preston St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2182

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 1th 1875.
4. *Place of Birth (Street and Number)* 235 Gough St.
5. *Full Name of Mother* Healy Goetz.
6. *Mother's Maiden Name* Healy Baum.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Francis Goetz
9. *Father's Occupation* Tailor Business
10. *Father's Birthplace* Bavarea Germena

Name of Medical Attendant, or other Person who makes this Return. Dorothea Wolframm.

Address 175 South Eden St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2189

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male ~~or Female~~) 1
2. Race or Color (if not of the white race) White
3. Date of Birth April 7th 1875
4. Place of Birth (Street and Number) 53 Wyeth St
5. Full Name of Mother Clara Virgin Green
6. Mother's Maiden Name Keyser
7. Mother's Birthplace Fred Co Md
8. Full Name of Father Francis A Green
9. Father's Occupation Bricklayer
10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. Jas H Cherney

Address 76 S Paca

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2190

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 5

1. Sex (state whether Male or Female) Weiblich

2. Race or Color (if not of the white race) Weiß

3. Date of Birth 7 April

4. Place of Birth (Street and Number) 164 Hanburch strit

5. Full Name of Mother Franziska Hotes

6. Mother's Maiden Name Franziska Heller

7. Mother's Birthplace Deutschland

8. Full Name of Father Heinrich Hotes

9. Father's Occupation Segarrenmacher

10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leadenhal strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2191

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	African
3. Date of Birth	April 7, 1875
4. Place of Birth (Street and Number)	Carlton St. near Franklin
5. Full Name of Mother	Mary Stanley
6. Mother's Maiden Name	Mary Harris
7. Mother's Birthplace	Dorchester Co, Md.
8. Full Name of Father	Abraham Stanley
9. Father's Occupation	Employed at Sugar Refinery
10. Father's Birthplace	Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	John F. King, M.D.
Address	Edmondson Ave
Remarks	1st door W. of Carrollton Ave

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th
4. Place of Birth (Street and Number)	35 N. Exeter St
5. Full Name of Mother	Bettie Fleisher
6. Mother's Maiden Name	Bettie Joseph
7. Mother's Birthplace	Germany
8. Full Name of Father	Simon Fleisher
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Schneid
Address	148 Mulberry St.
Remarks	Living & Healthy

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)
1. Sex (state whether Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white ~~Race~~)
3. Date of Birth April 7th 9.30 A.M.
4. Place of Birth (Street and Number) 22 Lee Street
5. Full Name of Mother Miss Sarah Tyler
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore
8. Full Name of Father Unknown
9. Father's Occupation "
10. Father's Birthplace "
Name of Medical Attendant, or other Person who makes this Return. A Frey Shertzer M.D.
Address 117 E. Baltimore St
Remarks Miss Sarah Tyler, is unmarried

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2194

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child.

1. *Sex (state whether Male or Female)* a Male.
2. *Race or Color (if not of the white race)* the White race.
3. *Date of Birth* 7th of April.
4. *Place of Birth (Street and Number)* Baltimor County.
5. *Full Name of Mother* Justine Dimling.
6. *Mother's Maiden Name* Justine Lang.
7. *Mother's Birthplace* born in Germeny.
8. *Full Name of Father* Conrad Dimling.
9. *Father's Occupation* a Butcher.
10. *Father's Birthplace* born in Germeny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2195

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st. 12 1875

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* Wenday 7
4. *Place of Birth (Street and Number)* 106 Hanrettet Street
5. *Full Name of Mother* Catarhol
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Charles H Jonson
9. *Father's Occupation* drive a dray
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mary Leven

Address 29 Leadenhall Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2196

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child.

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth 7th of April
4. Place of Birth (Street and Number) No 24 Little Hall St.
5. Full Name of Mother Catie Kment.
6. Mother's Maiden Name Catie Kramer.
7. Mother's Birthplace born in Baltimore.
8. Full Name of Father Mathew Kment.
9. Father's Occupation Commission on Merchant.
10. Father's Birthplace born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigelding

Address No 14 Union Street.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth April 7th 1875
4. Place of Birth (Street and Number) No. 90 N. Amity St.
5. Full Name of Mother Delfina Rosa Silvana.
6. Mother's Maiden Name Delfina Rosa
7. Mother's Birthplace Island of St George Portugues Settlement.
8. Full Name of Father Manuel Silvana.
9. Father's Occupation Shoemaker.
10. Father's Birthplace Island of St. George Portugeus Settlement

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen.

Address 23 N. Liberty St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2198

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th of April 1875
4. Place of Birth (Street and Number)	No 228 Hannover st.
5. Full Name of Mother	Minne Plitt.
6. Mother's Maiden Name	Henninger
7. Mother's Birthplace	America
8. Full Name of Father	August Plitt
9 Father's Occupation	Cabnit maker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	L. Lohwasser midwife
Address	No 213 Cross st.
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 7th 1875

4. Place of Birth (Street and Number) 317 East ave

5. Full Name of Mother Mary E. Thomas

6. Mother's Maiden Name M. E. Roberts

7. Mother's Birthplace Baltimore city

8. Full Name of Father Wesley Thomas

9. Father's Occupation Waterman

10. Father's Birthplace Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 6st.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) whit
3. Date of Birth 7th April
4. Place of Birth (Street and Number) Locust Point Corkse Str
5. Full Name of Mother Louise Vogeler
6. Mother's Maiden Name Louise Wahl
7. Mother's Birthplace Berleburg
8. Full Name of Father Heinrich Vogeler
9. Father's Occupation Läwleman
10. Father's Birthplace Walkapil

Name of Medical Attendant, or other Person who makes this Return. Magaretha Ertl

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

2911

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 8th 1875
4. *Place of Birth* (Street and Number) #197 Eutaw St
5. *Full Name of Mother* Sarah Jannette Baker
6. *Mother's Maiden Name* " " Ramsay
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George C. Baker
9. *Father's Occupation* Book-Keeper
10. *Father's Birthplace* East Berlin Adams Co Pa

Name of Medical Attendant, or other Person who makes this Return. A Hartman M D

Address # 305 N Caroline St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2202

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether Male or Female)* _____
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Alice Ann str. N. 383. April 8th 1875.
4. *Place of Birth (Street and Number)* Alice Anna str. N. 383.
5. *Full Name of Mother* Barbara Hafs
6. *Mother's Maiden Name* Brehm
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Chas Hafs
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return. Lena Koch.

Address Bork str. near Central Ave.

Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th April 1875
4. Place of Birth (Street and Number) 90 Bank St
5. Full Name of Mother Louisa Weinhold
6. Mother's Maiden Name " Hoffman
7. Mother's Birthplace Germany
8. Full Name of Father Earnst Weinhold
9. Father's Occupation Cabinet maker.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 N Bond St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 8th 1875
4. Place of Birth (Street and Number) 221 E. Lombard st.
5. Full Name of Mother Mary Friedel
6. Mother's Maiden Name Mary Mewis
7. Mother's Birthplace Baltimore
8. Full Name of Father John Phillip Friedel
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2205

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	8th April 1875
4. Place of Birth (Street and Number)	158 West
5. Full Name of Mother	Caroline Ludwig
6. Mother's Maiden Name	Caroline Reinhardt
7. Mother's Birthplace	Bachman
8. Full Name of Father	Charles H Ludwig
9. Father's Occupation	Storekeeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webster M.D.
Address	57 Barnet
Remarks	

2206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	[illegible]
1. Sex (state whether Male or Female)	[illegible]
2. Race or Color (if not of the white race)	
3. Date of Birth	April 8th 1875
4. Place of Birth (Street and Number)	Baltimore 152 East Biddle St.
5. Full Name of Mother	Jennie D. Moss
6. Mother's Maiden Name	Jennie [illegible]
7. Mother's Birthplace	Harford County
8. Full Name of Father	David O. D. Moss
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Catharine M. Bedford
Address	122 North Eutaw Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2207

HEALTH DEPARTMENT APR 14 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 8th 1875
4. *Place of Birth (Street and Number)* 440 Madison Ave
5. *Full Name of Mother* Sophie Virginia Caporal
6. *Mother's Maiden Name* " " Rose
7. *Mother's Birthplace* Acquitt St Baltimore
8. *Full Name of Father* John J Caporal
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Philip C Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Caucasian.
3. Date of Birth 8th April 1875.
4. Place of Birth (Street and Number) 55, Etting Street.
5. Full Name of Mother Barbara E. Martin.
6. Mother's Maiden Name Barbara E. Erdeman.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Samuel A. Martin.
9. Father's Occupation Stone Cutter.
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 366. N. Fremont Street Baltimore Md.

Remarks Natural labor, vertex presentation, sixteen hours duration. Mother & Child doing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) apr 9 1875

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) a Color
3. *Date of Birth* 8 thursday
4. *Place of Birth* (Street and Number) 312 montgomery street
5. *Full Name of Mother* Luvisere Berien
6. *Mother's Maiden Name* Luvisere roedell
7. *Mother's Birthplace* easton virginia north hampton
8. *Full Name of Father* Henry Berien
9. *Father's Occupation* door man hampton
10. *Father's Birthplace* easton door virginia north c

Name of Medical Attendant, or other Person who makes this Return. Mary Berien

Address 108 Eadenhall street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 8th
4. Place of Birth (Street and Number) 27 Conway st
5. Full Name of Mother Emma Louise Loewe
6. Mother's Maiden Name Emma Louise Bauer
7. Mother's Birthplace Balto
8. Full Name of Father ~~George~~ ~~Bauer~~ Henry Loewe
9. Father's Occupation Notion store
10. Father's Birthplace Melsungen Hesse Cassel

Name of Medical Attendant, or other Person who makes this Return. Mrs Anne Dummler 60 N Schroeder st

Address

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	th
3. Date of Birth	April 8" 1875.
4. Place of Birth (Street and Number)	S. Durham St. No 16
5. Full Name of Mother	Rosine Michael
6. Mother's Maiden Name	" Huhn
7. Mother's Birthplace	Germanny
8. Full Name of Father	John Michael
9. Father's Occupation	Baker
10. Father's Birthplace	Germanny
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Miller
Address	151 E Pratt
Remarks	Diet on Spessoms 10th of April

2210

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
10
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6d Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th of April 1875
4. Place of Birth (Street and Number)	No 48 James alley.
5. Full Name of Mother	Margaretha Schöner born in Germana
6. Mother's Maiden Name	ungen
7. Mother's Birthplace	Germana
8. Full Name of Father	(Henry Schöner)
9 Father's Occupation	Laborer.
10. Father's Birthplace	Germana
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st
Remarks	

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 8th March
4. Place of Birth (Street and Number) 76 N. Caroline St
5. Full Name of Mother Maryann McComas
6. Mother's Maiden Name " Denkin
7. Mother's Birthplace New York
8. Full Name of Father Harry H. McComas
9. Father's Occupation Gunsmith
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross.

Address 137 Orleans St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2214

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2215

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 9th 1875
4. Place of Birth (Street and Number)	No 4. 11 Gay st
5. Full Name of Mother	Mr. Scherer
6. Mother's Maiden Name	Mr. Dubilieri
7. Mother's Birthplace	Germany
8. Full Name of Father	~~Tailor~~ Adolph Scherer
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gina Hilleguist
Address	No 154 East Monument
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 9. 75
4. Place of Birth (Street and Number)	457 Baltimore St
5. Full Name of Mother	Anna Staut
6. Mother's Maiden Name	Staut
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Not Known
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bundinger
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

2217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 7th
4. Place of Birth (Street and Number)	120 Bank St
5. Full Name of Mother	Kate Rennheimer
6. Mother's Maiden Name	Miller
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Fredrick Rennheimer
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burkmann
Address	120 Bank St
Remarks	

To be kept by Registrar of Vital Statistics in the City of Baltimore.

That a physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

BALTIMORE CITY HEALTH DEPT

2218

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) 1 female
2. Race or Color (if not of the white race) Colored
3. Date of Birth April th 9 1875
4. Place of Birth (Street and Number) Baltimore Orchard Street No 100
5. Full Name of Mother Amma Tilghman
6. Mother's Maiden Name Amma Adams
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Tilghman
9. Father's Occupation diayman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly

Address 85 Orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2219

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth April th 9 1874
4. Place of Birth (Street and Number) Baltimore 49 Moses Alley
5. Full Name of Mother Rachel Reine
6. Mother's Maiden Name
7. Mother's Birthplace Petterburge Virginia
8. Full Name of Father Robert Reine
9. Father's Occupation Laborer
10. Father's Birthplace Alabama

Name of Medical Attendant, or other Person who makes this Return. Hester Bordley

Address No 85 Orchard Street

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2220

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
12
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics; Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) female ~~White~~

2. Race or Color (if not of the white race) White

3. Date of Birth April 9 1875

4. Place of Birth (Street and Number) Eastern Avenue No 332

5. Full Name of Mother Sarah A Wilbecker

6. Mother's Maiden Name Sarah A Sallen

7. Mother's Birthplace Baltimore

8. Full Name of Father John P Wilbecker

9 Father's Occupation Labourer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann E Ball

Address No 171 South Chester St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 with Early Birth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colorde
3. Date of Birth	friday the 9 April 1875
4. Place of Birth (Street and Number)	riddway Court No 3
5. Full Name of Mother	Margret Ballard
6. Mother's Maiden Name	Margret Ridgway
7. Mother's Birthplace	Ridgway court No 3
8. Full Name of Father	Horice Ballard
9. Father's Occupation	Laborer
10. Father's Birthplace	Snow Hill worcester Co md
Name of Medical Attendant, or other Person who makes this Return.	
Address	Lucy Sidney No 45
Remarks	Peach alley

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2222.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr. 9th 1875
4. Place of Birth (Street and Number)	323 N. Ann St.
5. Full Name of Mother	Francis O'Callaghan
6. Mother's Maiden Name	Rooney
7. Mother's Birthplace	Leavenworth Kansas
8. Full Name of Father	William O'Callaghan
9. Father's Occupation	Brick layer & Plasterer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M.D.
Address	No. 406 E. Baltimore St.
Remarks	Child healthy

Physician's Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2223

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male white
2. Race or Color (if not of the white race) White Race
3. Date of Birth Apl 9th 1 P.M
4. Place of Birth (Street and Number) 39. N. Frederick St.
5. Full Name of Mother Mary Rosendale
6. Mother's Maiden Name Mary Waidner
7. Mother's Birthplace Nürnberg Germany
8. Full Name of Father Henry Rosendale
9. Father's Occupation No 31 N Frederick St Rosendale & Co Furniture Manufactory
10. Father's Birthplace Kingdom of Hanover. Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Pape

Address

Remarks

Lauber Reiß Hebamme Ost Sandstrit No 40.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

2224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 9th 1875
4. *Place of Birth (Street and Number)* N. 187 E. Monument St
5. *Full Name of Mother* Charlotte Luisa Frautmann
6. *Mother's Maiden Name* " " Mendhein
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Theodore Frautmann
9. *Father's Occupation* Physician
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. C. T. Frautmann

Address N. 187 E. Monument St.

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 April 4 children.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 9 April
4. Place of Birth (Street and Number) No 26 Duberry Alley.
5. Full Name of Mother Anna Mary Rash.
6. Mother's Maiden Name Anna Francisco
7. Mother's Birthplace Bairn
8. Full Name of Father William Bock.
9. Father's Occupation Tailor
10. Father's Birthplace Rolshousen Hanover

Name of Medical Attendant, or other Person who makes this Return.

Address Mis Dumler

Remarks No 60 ~~[illegible]~~ Schroeter St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9226

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 9th 1875
4. *Place of Birth (Street and Number)* Druid Hill Avenue 69
5. *Full Name of Mother* Margaret Bennett
6. *Mother's Maiden Name* Margaret King
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* George Washington Bennett
9. *Father's Occupation* Carriage Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address 124 n. Exeter 21

Remarks

Act Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 9th 1875.

4. Place of Birth (Street and Number) 44. N Gay str

5. Full Name of Mother Leslie. V. Caspari.

6. Mother's Maiden Name Leslie V. Heinichen.

7. Mother's Birthplace Oak Hill. Va

8. Full Name of Father Charles. Caspari. Jr.

9. Father's Occupation Apothecary & chemist.

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. C. Dohme. M.D.

Address 86 E. Fayette str.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2228.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 10th 1875
4. Place of Birth (Street and Number)	No. 130, E Bidle Street
5. Full Name of Mother	Mary E Wooden
6. Mother's Maiden Name	Mary E. Russell.
7. Mother's Birthplace	Baltimore Md:
8. Full Name of Father	E. N. Wooden.
9. Father's Occupation	Flagman on Rail Road.
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt.
Address	No 209. Monument Street. corner of Central Avenue.
Remarks	

RETURN OF A BIRTH.

2229

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4th 1875
4. Place of Birth (Street and Number)	Baltimore No. 30 Milliman St.
5. Full Name of Mother	Winnie Raborg
6. Mother's Maiden Name	Winnie Conaj
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James S. H. Raborg
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula S. Chrismer
Address	No. 129 E. Monument St.
Remarks	Baltimore Md.

2230

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) "
3. Date of Birth April 10th
4. Place of Birth (Street and Number) 67 W. Fayette St
5. Full Name of Mother Emilie Momenthy
6. Mother's Maiden Name Emilie Mohring
7. Mother's Birthplace Kirchbraak Germany
8. Full Name of Father Bruno Momenthy
9. Father's Occupation Restaurateur
10. Father's Birthplace Halberstadt Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Barbara Reisz

Barbara Reisz Gebaume Jt Sec Pole No 40

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22381

HEALTH DEPARTMENT
APR
12
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 10th 1875
4. *Place of Birth (Street and Number)* #304 N Bond St
5. *Full Name of Mother* Sarah Elizabeth Sheckells
6. *Mother's Maiden Name* " " LeCompte
7. *Mother's Birthplace* Dorchester Co Md
8. *Full Name of Father* Richard W Sheckells
9. *Father's Occupation* Trader
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address #306 N Caroline St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2232

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. April 10 1875

HEALTH DEPARTMENT APR 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth April 10th 1875.
4. Place of Birth (Street and Number) No 247 Eastern Avenue.
5. Full Name of Mother Margaret Gerstenmyer.
6. Mother's Maiden Name Margarth Cook
7. Mother's Birthplace Germania.
8. Full Name of Father John Gerstmyer.
9. Father's Occupation Confectionery.
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolfe St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2233

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth April 10 1875
4. Place of Birth (Street and Number) Baltimore Bond St Cor Bittle
5. Full Name of Mother Elizabeth A Gorge
6. Mother's Maiden Name
7. Mother's Birthplace Virginia
8. Full Name of Father J F Carter
9. Father's Occupation Plaster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J E Shultz

Address 211 Mosquito St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2234

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 10th
4. Place of Birth (Street and Number) 10 Clark St.
5. Full Name of Mother Margaret Rourke
6. Mother's Maiden Name " Leonard
7. Mother's Birthplace Maryland
8. Full Name of Father James Rourke
9. Father's Occupation Policeman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller M.D.

Address 89 N. Greene St.

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2235

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 10 1875
4. Place of Birth (Street and Number)	63 East Baltimore St
5. Full Name of Mother	Alice M Mason
6. Mother's Maiden Name	Alice M. Harty
7. Mother's Birthplace	Charlotte North Carolina
8. Full Name of Father	Chas. A. Mason
9. Father's Occupation	Salesman
10. Father's Birthplace	Raleigh North Carolina
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M D
Address	17 Warren St
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Leona

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 10th 1875

4. Place of Birth (Street and Number) No 13 Bailey Avenue

5. Full Name of Mother Minnie Perkins

6. Mother's Maiden Name Minnie Carroll

7. Mother's Birthplace Baltimore City

8. Full Name of Father Jas Perkins

9. Father's Occupation Machinist

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble M.D

Address 17 Druid St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight Pratt 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 10th April
4. Place of Birth (Street and Number) Sterret St No 31
5. Full Name of Mother Caroline Brown
6. Mother's Maiden Name Wydner
7. Mother's Birthplace Baltimore
8. Full Name of Father George Brown
9. Father's Occupation Poster
10. Father's Birthplace Hessendarmstadt

Name of Medical Attendant, or other Person who makes this Return. Mary Kirch

Address 328 S. Eutaw St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2238

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	April 10
4. Place of Birth (Street and Number)	High Point St 2-21
5. Full Name of Mother	Margaret A Mc Glone
6. Mother's Maiden Name	Margaret A Quinn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Mc Glone
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 121 E Monument St
Remarks	Baltimore City

2239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) a Female.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth born 10th of April.
4. Place of Birth (Street and Number) No 57 Union St.
5. Full Name of Mother Maggie Müller.
6. Mother's Maiden Name Maggie Sperzel.
7. Mother's Birthplace born in Germany
8. Full Name of Father John Müller
9. Father's Occupation a Shoemaker.
10. Father's Birthplace born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2240

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 10/75
4. Place of Birth (Street and Number)	~~W Pratt Pr~~ 493 W Lombard St
5. Full Name of Mother	Elisa Ulrich
6. Mother's Maiden Name	" Preis
7. Mother's Birthplace	Balto
8. Full Name of Father	Ono Ulrich
9 Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M.D.
Address	85 N Eutaw Street
Remarks	[illegible] Child well developed

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2241

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 27 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colerd
3. Date of Birth January 1st
4. Place of Birth (Street and Number) Howard St No 21
5. Full Name of Mother Anna Gipson
6. Mother's Maiden Name Anna Cornish
7. Mother's Birthplace Baltimore
8. Full Name of Father Isaac Cornish
9. Father's Occupation Labour
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mrs angeline Wilson

Address 188 Warker St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2242

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colerd
3. Date of Birth Jan 31st
4. Place of Birth (Street and Number) Warner St 20
5. Full Name of Mother Emiline Williams
6. Mother's Maiden Name
7. Mother's Birthplace Easton Shore Md
8. Full Name of Father Solopmon Williams
9. Father's Occupation Labourer
10. Father's Birthplace Easton Shore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs angeline Wilson

Address No 188 Warner st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child ~~of Mother~~ (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Collerd
3. Date of Birth febuary 5th
4. Place of Birth (Street and Number) Henrietta st 196
5. Full Name of Mother Catharine Corke
6. Mother's Maiden Name Catharine Howard
7. Mother's Birthplace Chestertown
8. Full Name of Father Albert Corke
9. Father's Occupation Labourer
10. Father's Birthplace quaker neck

Name of Medical Attendant, or other Person who makes this Return. Mrs Angelin Wilson

Address 188 Warner St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

22044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February 15
4. *Place of Birth (Street and Number)* 173 Warner st
5. *Full Name of Mother* Emily Bayer
6. *Mother's Maiden Name* Emily Dunn
7. *Mother's Birthplace* Rhode Island
8. *Full Name of Father* John Bayer
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Quaker neck

Name of Medical Attendant, or other Person who makes this Return. Mrs Angelina Wilson

Address 188 Warner st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2245

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 27 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* 20 of feburry
4. *Place of Birth (Street and Number)* yorks 144
5. *Full Name of Mother* cathrin easy
6. *Mother's Maiden Name* Brown
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Archur easy
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address .....

Remarks

.....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2246

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* 14
4. *Place of Birth (Street and Number)* Howard st 23
5. *Full Name of Mother* alla Robison
6. *Mother's Maiden Name* Brown
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John H Robison
9. *Father's Occupation* grain measur
10. *Father's Birthplace* Rent island

Name of Medical Attendant, or other Person who makes this Return. A wilson

Address warner st 18

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* March 16
4. *Place of Birth (Street and Number)* clarket ally
5. *Full Name of Mother* Margret phillips
6. *Mother's Maiden Name*
7. *Mother's Birthplace* middletown va
8. *Full Name of Father* Robbert phillips
9. *Father's Occupation* Sailor
10. *Father's Birthplace* middletown va

Name of Medical Attendant, or other Person who makes this Return. A wilson

Address warner St 184

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2248

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 27 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) femil
2. Race or Color (if not of the white race) col'ed
3. Date of Birth [illegible] 25
4. Place of Birth (Street and Number) Hennerita street 30
5. Full Name of Mother Kate Walker
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father perry walker
9. Father's Occupation minister
10. Father's Birthplace carril county

Name of Medical Attendant, or other Person who makes this Return. angeline Nilson

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2249

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* April 2
4. *Place of Birth (Street and Number)* Warner st 2080
5. *Full Name of Mother* Susan peters
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto
8. *Full Name of Father* john peters
9. *Father's Occupation* on labair
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2250

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

3

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child 1

1. Sex (state whether Male or Female) Male Child
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 15th
4. Place of Birth (Street and Number) Baltimore Md Jackson Cort nos
5. Full Name of Mother Mr Sarah Waters
6. Mother's Maiden Name Sarah Cooson Warhing
7. Mother's Birthplace Dunset Maryland
8. Full Name of Father Gable Waters
9. Father's Occupation Stevedore
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Sarah Wiples

Address 2407 Orleans Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race)
3. *Date of Birth* April, 10th 1875.
4. *Place of Birth* (Street and Number) 10 Forrest Place
5. *Full Name of Mother* Apelonia Phillips.
6. *Mother's Maiden Name* Adams.
7. *Mother's Birthplace* Balt. Md.
8. *Full Name of Father* Frances Henry Phillips.
9. *Father's Occupation* Tool Sharpener
10. *Father's Birthplace* Albany N. Y.

Name of Medical Attendant, or other Person who makes this Return: A. Glanville Lusk M.D.

Address Balt. & Washington Sts.

Remarks Natural

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2252

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth ~~No 79 Elbow Lane~~ April 11th 1875
4. Place of Birth (Street and Number) No 79 Elbow Lane.
5. Full Name of Mother Virginia Smith
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore M.D.
8. Full Name of Father Isaac Smith
9. Father's Occupation Labour
10. Father's Birthplace Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 71 Burgundy Alley

Remarks

2253

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 11th 75
4. *Place of Birth (Street and Number)* No 1 Mott St
5. *Full Name of Mother* Mary Ann Gleason
6. *Mother's Maiden Name* " " McGowan
7. *Mother's Birthplace* New York City
8. *Full Name of Father* Frank McKevitt
9. *Father's Occupation* Dentist
10. *Father's Birthplace* York Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M.D.

Address 174 E. Eager St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

RETURN OF A BIRTH.

2254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 11th 1875
4. Place of Birth (Street and Number)	504 Fremont St
5. Full Name of Mother	Emma ~~Mosher~~ Moseman
6. Mother's Maiden Name	Emma Wilkinson
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John J. ~~Mosher~~ Moseman
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenger (Midwife)
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* mulatto
3. *Date of Birth* d. 11 April. 1875.
4. *Place of Birth (Street and Number)* Louisiana St. Canton.
5. *Full Name of Mother* Katharina Richter.
6. *Mother's Maiden Name* Hildebrandt.
7. *Mother's Birthplace* Hanau Curhessen.
8. *Full Name of Father* Moritz Hermann Richter.
9. *Father's Occupation* Färber
10. *Father's Birthplace* Ziegenhain.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmer.

Address 118. Curly St. Canton.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1st
4. Place of Birth (Street and Number)	Mercer St No 33
5. Full Name of Mother	Mary Rochele
6. Mother's Maiden Name	Mueller
7. Mother's Birthplace	Hessen Nassau Stadt
8. Full Name of Father	Wm Rochele
9. Father's Occupation	Wheelwright
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Rochele
Address	328 S. Eutaw St
Remarks	

2257

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th of April
4. Place of Birth (Street and Number)	111 East Madison St
5. Full Name of Mother	Mrs Maggie Eccleston
6. Mother's Maiden Name	" Maggie Grape
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Edward Eccleston
9. Father's Occupation	Carpenter "
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Vicula I Chrismer
Address	No 127 E Monument St
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 11th 1875

4. Place of Birth (Street and Number) 2 Waverly Terrace Cary Street

5. Full Name of Mother Emile Solberg

6. Mother's Maiden Name Emile Vandebraker

7. Mother's Birthplace Cuba

8. Full Name of Father Alexis Solberg

9. Father's Occupation Merchant

10. Father's Birthplace Norway

Name of Medical Attendant, or other Person who makes this Return. N. W. Kneass.

Address 131 N. Charles Street

Remarks

RETURN OF A BIRTH.

22559

HEALTH DEPARTMENT APR 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* April 11th 1875
4. *Place of Birth* (Street and Number) 75 Gough st.
5. *Full Name of Mother* Eliza Burgess
6. *Mother's Maiden Name* Eliza Morgan
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* William Burgess
9. *Father's Occupation* Oysterman
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M D

Address 117 S. Broadway

Remarks

2260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 11th 1875
4. Place of Birth (Street and Number) 19 Choptank
5. Full Name of Mother Fannie C. Bishop
6. Mother's Maiden Name Fannie Cromwell
7. Mother's Birthplace Baltimore
8. Full Name of Father John Bishop
9. Father's Occupation Grocer
10. Father's Birthplace Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2261

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* Evening of April 11th 1875
4. *Place of Birth (Street and Number)* No 1322 Hamburg Str.
5. *Full Name of Mother* Hester McGlotten
6. *Mother's Maiden Name* Hester Roscoe
7. *Mother's Birthplace* Dorchester County Maryland
8. *Full Name of Father* Wm McGlotten
9. *Father's Occupation* Works on a Guano Factory
10. *Father's Birthplace* Dorchester County Maryland

Name of ~~Medical Attendant~~, or other Person who makes this Return. Nancy Lokey

Address No 6 Clarkson Alley

Remarks Child well formed and healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2 th

1. Sex (state whether Male or Female) mall [illegible]
2. Race or Color (if not of the white race) [illegible]
3. Date of Birth 11 [illegible]
4. Place of Birth (Street and Number) 210 S howard St
5. Full Name of Mother [illegible] Adams
6. Mother's Maiden Name Lee
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John W Adams
9. Father's Occupation [illegible]
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address Susan B [illegible]

Remarks 301 [illegible] St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 12 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 th.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth 11th. April. 1875
4. Place of Birth (Street and Number) 35 Central Av.
5. Full Name of Mother Carrie Schuchert.
6. Mother's Maiden Name " Geis
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Philip Schuchert.
9. Father's Occupation Shoemaker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Gary Walter.

Address 125 N. Carolina St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2264

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
19
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 11th 1875
4. Place of Birth (Street and Number)	Canton Ave 45
5. Full Name of Mother	Elizabeth Wareham
6. Mother's Maiden Name	Elizabeth Burke
7. Mother's Birthplace	Balto
8. Full Name of Father	Albert Wareham
9. Father's Occupation	Driver
10. Father's Birthplace	Baltimore Co'd
Name of Medical Attendant, or other Person who makes this Return.	Wm. E. Fay
Address	193 E. Monument St
Remarks	Healthy Child

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2265

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Femal.
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~11~~ 11th April
4. Place of Birth (Street and Number)	No 113 Eastan. St.
5. Full Name of Mother	Louisa Einwachter
6. Mother's Maiden Name	Louisa Severn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Adam Einwachter
9 Father's Occupation	Carter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumbles
Address	No 60 Schroeder St.
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2266

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 11th of April
4. Place of Birth (Street and Number) No. 32 Amity St
5. Full Name of Mother Meiner ~~Bock~~ Back
6. Mother's Maiden Name Kebiff
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Friedrich Back
9. Father's Occupation Bucher
10. Father's Birthplace Waltak

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Dumler

Remarks No 61 St Schorter St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2267

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th of April 1875
4. Place of Birth (Street and Number)	48 Preston st. Baltimore Md
5. Full Name of Mother	Catherine Talbott
6. Mother's Maiden Name	Catherine Feenan
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Thomas Talbott
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. McElroy
Address	Foster alley near Bradshaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Schild

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Weith

3. Date of Birth 11 Apprill

4. Place of Birth (Street and Number) 84 Lethenhaalstritt, Baltimore

5. Full Name of Mother Margaretha Doleh

6. Mother's Maiden Name Margaretha Libig

7. Mother's Birthplace Königreich Würtenberg (German)

8. Full Name of Father John Doleh

9. Father's Occupation Weilreith

10. Father's Birthplace Grosherzogthum Baden (German)

Name of Medical Attendant, or other Person who makes this Return.

Address Miss M Streeng

Remarks Mg Bt Liedenhall St.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The fourth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth April 12th
4. Place of Birth (Street and Number) No. 4 Miller street
5. Full Name of Mother Elisabeth Alice Hanson
6. Mother's Maiden Name Gardener
7. Mother's Birthplace Balto City
8. Full Name of Father John Hanson
9. Father's Occupation Shoemaker
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Klueber M.D.

Address No. 197 Aisquith street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
12
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Th.
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	April 12
4. *Place of Birth* (Street and Number)	12. Exeter. St
5. *Full Name of Mother*	Marie Kratz
6. *Mother's Maiden Name*	Ehrt
7. *Mother's Birthplace*	Philadelphia
8. *Full Name of Father*	James Ehrt
9. *Father's Occupation*	Captain
10. *Father's Birthplace*	Newyork
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bausmann
Address	120 Bank St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd Caroline
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	12 of April 1875
4. *Place of Birth (Street and Number)*	Baltimore Rice St No 8
5. *Full Name of Mother*	Caroline Berkett
6. *Mother's Maiden Name*	~~Lancaster County Pa~~ dont know
7. *Mother's Birthplace*	Lancaster County Pa
8. *Full Name of Father*	George Berkett
9. *Father's Occupation*	Waiter in a Store
10. *Father's Birthplace*	Accomacco County Va
Name of Medical Attendant, or other Person who makes this Return.	Cathrine Sadler
Address	217 Dover St Baltimore
Remarks	

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white.
3. Date of Birth April 12th 1875.
4. Place of Birth (Street and Number) Nearest Sharp - Str. (South).
5. Full Name of Mother Josephine Albrecht.
6. Mother's Maiden Name Josephine Meistermann
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Frederick Albrecht.
9. Father's Occupation Cabinet maker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ann Wagner.

Address No. 174 Burgundy - Str.

Remarks none.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2273

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5d,

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) white.
3. Date of Birth April 9th 1875.
4. Place of Birth (Street and Number) No 12 Sterret. Str.
5. Full Name of Mother Minna Zieget.
6. Mother's Maiden Name Minna Krause.
7. Mother's Birthplace Germany.
8. Full Name of Father John Zieget.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Ann Wagner.

Address No 174 Burgundy. Str.

Remarks none.

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2274.

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Monday April 12th 1875
4. Place of Birth (Street and Number) 23 Pine St Corner of Vine
5. Full Name of Mother Kate Veise
6. Mother's Maiden Name Kate Ferguson
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Veise
9. Father's Occupation Porter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2275

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Childern

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Withe
3. *Date of Birth* 12 of April
4. *Place of Birth* (Street and Number) No. 64 Johnson St.
5. *Full Name of Mother* Sarah Clipper
6. *Mother's Maiden Name* Sarah raymonet
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Clipper
9. *Father's Occupation* Shipcarpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 12th 1876
4. Place of Birth (Street and Number) Baltimore & Stockholm Near Fiadon
5. Full Name of Mother Larua Vergina Jones
6. Mother's Maiden Name — Eyerly
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Jones
9. Father's Occupation Labouer
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Frances Granby

Address 26 Stockholm Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2277

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) Caucasian,
3. Date of Birth 12th April 1875,
4. Place of Birth (Street and Number) 335 Bond Street,
5. Full Name of Mother Francis Susan Stocksdale,
6. Mother's Maiden Name " " Reay,
7. Mother's Birthplace Baltimore Md,
8. Full Name of Father Fletcher G. Stocksdale,
9. Father's Occupation Salesman,
10. Father's Birthplace Carroll County Maryland

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 366, N. Fremont Street,

Remarks Natural labor, sex and a half pounds, duration, vertex presentation

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2278

RETURN OF A BIRTH.

1/13

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 12th 1875
4. Place of Birth (Street and Number)	Chase & Chapel Sts
5. Full Name of Mother	Lizzie J. O'Connor
6. Mother's Maiden Name	" " Ryan
7. Mother's Birthplace	Parish of Kilmallock Co Limerick, Ireland.
8. Full Name of Father	Patrick E. O'Connor
9. Father's Occupation	Clerk
10. Father's Birthplace	Parish of Bruff Co. of Limerick, Ireland
Name of Medical Attendant, or other Person who makes this Return.	W. H. White, M.D.
Address	No 250 N. Broadway
Remarks	Condition of Child good.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2279

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th April
4. Place of Birth (Street and Number)	20 Greenmount avenue
5. Full Name of Mother	Jeannette Brent
6. Mother's Maiden Name	Jeannette Tucker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Edward Brent
9. Father's Occupation	Driver N. C. Railroad
10. Father's Birthplace	Balto County
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. [illegible]
Address	No 127 E Monument St
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2280

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) Colored.
3. Date of Birth April 12th 1875
4. Place of Birth (Street and Number) N. Durham St. No 77
5. Full Name of Mother Elise Yates
6. Mother's Maiden Name Elise Jackson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Robert Yates
9. Father's Occupation none
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No 2 C.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2281

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 14 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 12. 75
4. *Place of Birth (Street and Number)* 33. Lemon Street.
5. *Full Name of Mother* Mary Dill
6. *Mother's Maiden Name* Mary Miller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Dill
9. *Father's Occupation* Carter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lintner

Address No 5 Monroe St.

Remarks well and doing well.

ject Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~april 12 1875~~ 4th child

1. Sex (state whether Male ~~or Female~~) male ~~Eli Ya tallar~~
2. Race or Color (if not of the white race) colored
3. Date of Birth April 12th 1875 ~~oclock~~ monday night
4. Place of Birth (Street and Number) 50 ~~[illegible]~~ street Shelter
5. Full Name of Mother Eli ya ~~tallar~~ Taylor
6. Mother's Maiden Name Eli ya ~~[illegible]~~ Barney
7. Mother's Birthplace Born in baltimore MD
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. adline Gross

Address No 65 forrest street

Remarks birth Sarah Thomson wash pres time of Healthy & Robust Boy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2283

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
17
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~2nd~~ 4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	12th april 875
4. Place of Birth (Street and Number)	164 central av.
5. Full Name of Mother	Ruby Quin
6. Mother's Maiden Name	"
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thom. Quin
9. Father's Occupation	Carpenter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 7 Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2284

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 12 of April 1875
4. Place of Birth (Street and Number) Locus point Cukes Street No 118
5. Full Name of Mother Ilon Fitzgerald
6. Mother's Maiden Name Ilon roughtigan
7. Mother's Birthplace Bornd in the County of mayt Ireland
8. Full Name of Father Jeffry Fitzgerald
9. Father's Occupation rowling mill man
10. Father's Birthplace Bornd in the County of mayo Ireland

Name of Medical Attendant, or other Person who makes this Return. margret ellis

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2285

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1st 1875
4. *Place of Birth (Street and Number)* 287 N Howard St
5. *Full Name of Mother* Charlotte Henderson
6. *Mother's Maiden Name* Charlotte Full
7. *Mother's Birthplace* Liverpool England
8. *Full Name of Father* Harvey Blane Henderson
9. *Father's Occupation* Telegrapher
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. Elias C Price M.D.

Address 110 N Eutaw St.

Remarks .....

RETURN OF A BIRTH.

2876

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21st 1875
4. Place of Birth (Street and Number)	224 W Biddle St
5. Full Name of Mother	Eliza Mc Hutchinson
6. Mother's Maiden Name	Dutton
7. Mother's Birthplace	Waterford Va
8. Full Name of Father	John W. Hutchinson
9. Father's Occupation	Merchant
10. Father's Birthplace	New Burg New York
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	110 N Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2287

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th 1875
4. Place of Birth (Street and Number)	125 S Paca St
5. Full Name of Mother	Mary Benson
6. Mother's Maiden Name	Hammond
7. Mother's Birthplace	Anne Arundel Co Md
8. Full Name of Father	Nathan N Benson
9 Father's Occupation	Commission Merchant
10. Father's Birthplace	Anne Arundel Co Md.
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	110 N Eutaw St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth April 12 75
4. Place of Birth (Street and Number) 144 Wolfe St
5. Full Name of Mother Maria Wenzel
6. Mother's Maiden Name Markart
7. Mother's Birthplace Germanic
8. Full Name of Father Cas Wenzel
9. Father's Occupation Baker
10. Father's Birthplace Germanic

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bardmann

Address 120 Bank St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2289

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10. th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 12. 75
4. Place of Birth (Street and Number)	163 Eden. St
5. Full Name of Mother	Marie Wirl.
6. Mother's Maiden Name	= Adams
7. Mother's Birthplace	Germania
8. Full Name of Father	Frank Wirl.
9. Father's Occupation	Cooper.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burchmann
Address	126 Bank St
Remarks	

2290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12th of April Morning 8 o'clock.
4. Place of Birth (Street and Number) 122 Mulberry st
5. Full Name of Mother Barbara Schmidt German
6. Mother's Maiden Name Barbara Fall
7. Mother's Birthplace Eckstadt K. Biarn Germany
8. Full Name of Father John Adam Polo
9. Father's Occupation Shoemaker
10. Father's Birthplace Esselberg K. Biarn Germany

Name of Medical Attendant, or other Person who makes this Return. Magdalena [illegible]

Address 2[illegible] Park St

Remarks The [illegible] Healthy.

[illegible]

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 12 75
4. *Place of Birth (Street and Number)* 523 Aleman St
5. *Full Name of Mother* Marie Moor
6. *Mother's Maiden Name* Elers
7. *Mother's Birthplace* Germania
8. *Full Name of Father* John Moor
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burchmann

Address 120 Bank

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2292

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 12th 1875
4. Place of Birth (Street and Number)	No. 76. Wolfe st.
5. Full Name of Mother	Anna Lille
6. Mother's Maiden Name	Anna Constance
7. Mother's Birthplace	Germany
8. Full Name of Father	James Lille
9. Father's Occupation	Collector
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Anna Hillegeist
Address	No 152 Monument st
Remarks	

2293

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 12

4. Place of Birth (Street and Number) Baltimore E Fayette st # 126

5. Full Name of Mother Mary Frunewall

6. Mother's Maiden Name Mary Schweizer

7. Mother's Birthplace Germany

8. Full Name of Father William Frunewall

9. Father's Occupation Varnisher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address Franky st # 70

Remarks

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2294

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)	11 one
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 12th 1875
4. Place of Birth (Street and Number)	261 Cross St
5. Full Name of Mother	Delia Brown
6. Mother's Maiden Name	Delia Thomson
7. Mother's Birthplace	Talbert Co Md
8. Full Name of Father	Peter Brown
9. Father's Occupation	Laborer
10. Father's Birthplace	Frederick Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Dorsey
Address	177 Henrietta St
Remarks	Darcy Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 12th 1875
4. Place of Birth (Street and Number)	42 Hamburg St
5. Full Name of Mother	Jane Elizabeth Hunter
6. Mother's Maiden Name	Lemmon
7. Mother's Birthplace	B City
8. Full Name of Father	Gotlieb James Hunter
9. Father's Occupation	Freight Conductor Rail Road
10. Father's Birthplace	B City
Name of Medical Attendant, or other Person who makes this Return.	Jas H Hunter
Address	76 E Pratt St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 12th April

4. Place of Birth (Street and Number) 10 Gal Spring St

5. Full Name of Mother Gertrude Moebus

6. Mother's Maiden Name " König

7. Mother's Birthplace Germany

8. Full Name of Father Henry F. Moebus

9. Father's Occupation Cash Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 North Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2297

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 14 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 13 1875.
4. *Place of Birth (Street and Number)* 287 bet. Alice anna & Durham Streets.
5. *Full Name of Mother* Claudia Schoener.
6. *Mother's Maiden Name* Claudia Meinhein.
7. *Mother's Birthplace* Germania.
8. *Full Name of Father* Peter Schoener.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Smeed.

Address No 137 S. Wolfe St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. April 14 th 1875.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 12 th 1875.
4. Place of Birth (Street and Number) No 13 Duncan Alley.
5. Full Name of Mother Mary Ruppenstein
6. Mother's Maiden Name Mary Streidler.
7. Mother's Birthplace Germania.
8. Full Name of Father John Ruppenstein
9. Father's Occupation Laborer.
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend.
Address No 137 S. Wolfe St.
Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2249

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY. April 14 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 13 1875.
4. *Place of Birth (Street and Number)* No 75 Wolfe St
5. *Full Name of Mother* Christina Kolb
6. *Mother's Maiden Name* Christina Pohl
7. *Mother's Birthplace* Germania
8. *Full Name of Father* John Kolb.
9. *Father's Occupation* Painter.
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address No 137 S. Wolfe St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13 the April 1875
4. Place of Birth (Street and Number) 182 Dover Street
5. Full Name of Mother Wilhelmine Eppichausen
6. Mother's Maiden Name Wilhelmine Mueller
7. Mother's Birthplace Hanover Germany.
8. Full Name of Father Cigar Manufactor
9. Father's Occupation August Ebbighausen
10. Father's Birthplace Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Amalie Gerstenberger

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 13th 1875
4. *Place of Birth (Street and Number)* 245 W Fayette St
5. *Full Name of Mother* Mary E Leotz
6. *Mother's Maiden Name* Smith
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* J Frederick Leotz
9. *Father's Occupation* ~~[illegible]~~ Merchant
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Jal H Curry

Address 76 Place St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2302

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1875 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 19th April.

4. Place of Birth (Street and Number) 205 North Caroline St.

5. Full Name of Mother Louisa Reinhardt

6. Mother's Maiden Name Kolb.

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Lauana Reinhardt

9 Father's Occupation Can maker.

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger.

Address 134 North Bond St.

Remarks

2303

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 15 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 13th 75
4. *Place of Birth (Street and Number)* 306 Greenmount Ave
5. *Full Name of Mother* Susan J. Poole
6. *Mother's Maiden Name* Susan J. Agar
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edwin Ruthven Poole
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Charlestown Va

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M.D.

Address 174 E. Eager St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2304

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 6th

1. *Sex (state whether Male or Female)* Female Healthy
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 13th of April 1875
4. *Place of Birth (Street and Number)* 197 Frederick Av. Balto. City
5. *Full Name of Mother* Helena Miller
6. *Mother's Maiden Name* H. Hoenlein
7. *Mother's Birthplace* Brietenbach Germania
8. *Full Name of Father* Wm Miller
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Breitenbach Germania

Name of Medical Attendant, or other Person who makes this Return. Lizzie Miller

Address No 57 Smallwood St Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2305

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th of April 1875
4. Place of Birth (Street and Number)	No 27 B West st.
5. Full Name of Mother	Mary Ruth
6. Mother's Maiden Name	Struedtman
7. Mother's Birthplace	America.
8. Full Name of Father	John Ruth
9. Father's Occupation	Carpenter.
10. Father's Birthplace	America.
Name of Medical Attendant, or other Person who makes this Return.	J Lohnvasser midwife
Address	No. 213 Cross st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 13th
4. Place of Birth (Street and Number)	642 W. Baltimore Street
5. Full Name of Mother	Albertine Ludolph
6. Mother's Maiden Name	Albertine Friedlander
7. Mother's Birthplace	Prussian, Germany
8. Full Name of Father	William Ludolph
9. Father's Occupation	Agent
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 19 of April.
4. Place of Birth (Street and Number) St. William No. 112
5. Full Name of Mother Thrissa Fressman
6. Mother's Maiden Name Thrissa Thuman
7. Mother's Birthplace Althausan
8. Full Name of Father Bernard Fressman.
9. Father's Occupation Grossery Store.
10. Father's Birthplace Emstacett

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West, St. No. 128

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2389

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Witte
3. *Date of Birth* 13. of Aprill.
4. *Place of Birth (Street and Number)* No. 213. Mundgumery St.
5. *Full Name of Mother* Elise Eder.
6. *Mother's Maiden Name* Elise Shuorr.
7. *Mother's Birthplace* Shoffbusen Schwarz
8. *Full Name of Father* Jacob Eder
9. *Father's Occupation* Tailler
10. *Father's Birthplace* Goshloch Rauer

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West St. No. 128.

Remarks

RETURN OF A BIRTH.

2310

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR
17
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 t
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	13 t april 875
4. Place of Birth (Street and Number)	58 Madeira alle
5. Full Name of Mother	Marie Zahlbach
6. Mother's Maiden Name	" Robert
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philip Zahlbach
9. Father's Occupation	Tinsmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2311

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4 13
4. Place of Birth (Street and Number)	333 Eastern Avenue
5. Full Name of Mother	Janey Wanger
6. Mother's Maiden Name	Janey Rod
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Wanger
9. Father's Occupation	Tobbal
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louisa Weil
Address	No 11 Eastern Ave
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2312

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	13 April
4. Place of Birth (Street and Number)	Shuter Street No 37
5. Full Name of Mother	Fanny Hayes
6. Mother's Maiden Name	Fanny Manuel
7. Mother's Birthplace	East New Market Md Dorchester County
8. Full Name of Father	Robert Hayes
9. Father's Occupation	Labor
10. Father's Birthplace	Richmond Virginia Native of place
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Foat Midwife
Address	Hillman St
Remarks	

2313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 13th April 1875.
4. *Place of Birth (Street and Number)* 220 Monument St.
5. *Full Name of Mother* Josephine Magnus.
6. *Mother's Maiden Name* Lorman.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Jerome Magnus.
9. *Father's Occupation* Brickl. Lay. Baltimore City.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N Caroline St.

Remarks

vent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2314

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 13th 1875
4. Place of Birth (Street and Number)	100 George St
5. Full Name of Mother	Emma Warren.
6. Mother's Maiden Name	Emma Morris.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Levin D. Warren.
9. Father's Occupation	Clerk
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. W. Houck, M.D.
Address	75 E. Baltimore St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex* (state whether Male or Female) Boy.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 13th 1875.
4. *Place of Birth* (Street and Number) Chesapeake str. N. 171.
5. *Full Name of Mother* Kunigunda
6. *Mother's Maiden Name* Egelseer
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Andrew Willsdorf
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Lena Koch

Address Bork str. Canton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 13 April
4. *Place of Birth (Street and Number)* 94 Leatenhal strit
5. *Full Name of Mother* Alwine Beck
6. *Mother's Maiden Name* Alwine Wunderlich
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Schahn Beck
9. *Father's Occupation* ~~Deutschland~~ Tunacher
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal strit

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 13th 1875
4. Place of Birth (Street and Number)	No 58 Eutaw St
5. Full Name of Mother	Johanna Biermann
6. Mother's Maiden Name	Johanna Birkmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Luis Biermann
9. Father's Occupation	Restaurant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Herr Heilbgut
Address	No 132 Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15

1. Sex (state whether Male or Female) ~~P~~ 2 male
2. Race or Color (if not of the white race) colord
3. Date of Birth Apr 13
4. Place of Birth (Street and Number) no 5 McEldry cort
5. Full Name of Mother leah bhampher
6. Mother's Maiden Name leah Dixen
7. Mother's Birthplace Darchester co Md
8. Full Name of Father Peter bhampher ~~Dixen~~
9. Father's Occupation Drayman
10. Father's Birthplace Darchester co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs leah fahman

Address 32 [illegible]

Remarks healthy children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth Apr 13
4. Place of Birth (Street and Number) Mulican st 111
5. Full Name of Mother Martha Wilams
6. Mother's Maiden Name Martha Buyer
7. Mother's Birthplace Chester — Md
8. Full Name of Father Wilam Wilams
9. Father's Occupation Brickyard
10. Father's Birthplace massatusets

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address no 1 32 Short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2220

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 18. 75
4. *Place of Birth (Street and Number)* 66 S. Central Av.
5. *Full Name of Mother* Bertha Hoffmann
6. *Mother's Maiden Name* Basler
7. *Mother's Birthplace* Sachsen
8. *Full Name of Father* August
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Reichenbach

Name of Medical Attendant, or other Person who makes this Return. Caelia Bernstein

Address 113 E. Lombard St.

Remarks

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female Girl
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13th Day of April 1875
4. *Place of Birth (Street and Number)* 145 East Fayette Street cor Exeter
5. *Full Name of Mother* Friedericke Spitzer
6. *Mother's Maiden Name* Friderichi Baumgarten
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Gottlieb Spitzer
9. *Father's Occupation* Merchant
10. *Father's Birthplace* (Vienna) Capital of Austria

Name of Medical Attendant, or other Person who makes this Return. Caicilie Bernstein

Address 113. E. Lombard Str.

Remarks died after four days.

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 13 S of April 1875
4. Place of Birth (Street and Number) Sharp St. No. 357
5. Full Name of Mother Hannah Leak
6. Mother's Maiden Name Hannah Webb
7. Mother's Birthplace New Jersey
8. Full Name of Father Jacob Leak
9. Father's Occupation Glass Blower
10. Father's Birthplace New Jersey

Name of Medical Attendant, or other Person who makes this Return. Mary Mazarenus

Address Russell St. No 20.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 15th
4. Place of Birth (Street and Number)	352 Hanover St
5. Full Name of Mother	Mary Weis
6. Mother's Maiden Name	O'Daily
7. Mother's Birthplace	Ireland
8. Full Name of Father	Peter Weis
9. Father's Occupation	Cooper manufacturer
10. Father's Birthplace	Switzerland
Name of Medical Attendant, or other Person who makes this Return.	Mary Weis
Address	352 S. Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

16/8

2324

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	16
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 13 th 1875
4. Place of Birth (Street and Number)	No 69 Schappel str
5. Full Name of Mother	Johanna Pfeifer
6. Mother's Maiden Name	Johanna Hinslein
7. Mother's Birthplace	Frisen in Baern
8. Full Name of Father	Johann Pfeifer
9. Father's Occupation	Wolfe arbeiter
10. Father's Birthplace	Legendorf b Bamberg Baern
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Rauschach
Address	No 28 Fourth Wolf str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2325

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
15
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 14th 1875
4. *Place of Birth (Street and Number)* 58 Orleans st Balto City
5. *Full Name of Mother* Dina Cruse
6. *Mother's Maiden Name* Dina Eriels
7. *Mother's Birthplace* Baltimore city Md
8. *Full Name of Father* Charles Cruse
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Balto city Md

Name of Medical Attendant, or other Person who makes this Return. I. Ridgeway Andrews M.D.

Address No 121 E Balto st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth April 14th 1875

4. Place of Birth (Street and Number) 14 Harmony Lane

5. Full Name of Mother Margaretta Herdegen

6. Mother's Maiden Name Margaretta Fuchs

7. Mother's Birthplace Bavaria Germany

8. Full Name of Father Geo. Adam Herdegen

9. Father's Occupation Wheelwright

10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl Midwife

Address 214 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2327

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White Child
3. Date of Birth April 14 1875
4. Place of Birth (Street and Number) 825 Pratt St
5. Full Name of Mother Mrs Mary A Whelan
6. Mother's Maiden Name Mary A Feely
7. Mother's Birthplace Ireland
8. Full Name of Father James Whelan
9. Father's Occupation Labourer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Katharina Seabach

Address West Pratt St 439

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2328

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	"	Fifth
1. Sex (state whether Male or Female)	"	Male
2. Race or Color (if not of the white race)	"	White
3. Date of Birth	"	Twenty Seventh March "
4. Place of Birth (Street and Number)	"	1015 West Pratt Street
5. Full Name of Mother	"	Lena Schaffer "
6. Mother's Maiden Name	"	Lena Hirrick "
7. Mother's Birthplace	"	Germany "
8. Full Name of Father	"	Adam Schaffer
9. Father's Occupation	"	Butcher
10. Father's Birthplace	"	Caroline St, Balto
Name of Medical Attendant, or other Person who makes this Return.	"	M. J. Leman (Mid Wife
Address	"	No 380 West McHenry St
Remarks	"	Strong hearty child "

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 13th
4. Place of Birth (Street and Number)	229 Lee St
5. Full Name of Mother	Hannah ~~Burton~~ Gosnell
6. Mother's Maiden Name	Hannah Burton
7. Mother's Birthplace	Ohio
8. Full Name of Father	Rufus B. Gosnell
9. Father's Occupation	Engineer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Edwd L. Mulholland M.D.
Address	279 N. Lombard
Remarks	

2330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	9 1/2 11
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14th 1875
4. Place of Birth (Street and Number)	94 Somerset St
5. Full Name of Mother	Ettie Guzman
6. Mother's Maiden Name	" Salenda
7. Mother's Birthplace	Germany
8. Full Name of Father	Martin Guzman
9. Father's Occupation	Grocer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Christina Lauer
Address	173 Harford Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2331

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	"	Third child.
1. Sex (state whether Male or Female)	"	Female.
2. Race or Color (if not of the white race)	"	White.
3. Date of Birth	"	March Twenty eighth
4. Place of Birth (Street and Number)	"	No. 923. West Pratt Street.
5. Full Name of Mother	"	Caroline Carral.
6. Mother's Maiden Name	"	Caroline. Albright.
7. Mother's Birthplace	"	Germany.
8. Full Name of Father	"	Wm. Carral.
9. Father's Occupation	"	Cooper.
10. Father's Birthplace	"	Germany.
Name of Medical Attendant, or other Person who makes this Return.	"	M. J. Lemmon.
Address	"	380 Lake Henry Street.
Remarks	"	Strong hearty child.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2332

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	first of April
4. Place of Birth (Street and Number)	No. 143 West St.
5. Full Name of Mother	Mary jane. Lynn
6. Mother's Maiden Name	Mary jane. Quillin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Daniel Lynn.
9. Father's Occupation	Hack. Driver
10. Father's Birthplace	Ireland county Kerry
Name of Medical Attendant, or other Person who makes this Return.	Mary Moylan
Address	West St. No. 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth April 2d 1875

4. Place of Birth (Street and Number) 373 Hamburg

5. Full Name of Mother Annie McGee

6. Mother's Maiden Name Annie Pollard

7. Mother's Birthplace Balto

8. Full Name of Father Thos McGee

9. Father's Occupation Iron Moulder

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Edwd F. Milholland MD

Address 279. W. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2334

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 "

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth April 3rd 1875
4. Place of Birth (Street and Number) 348 Aisquith St
5. Full Name of Mother Azeline Wernich
6. Mother's Maiden Name " Werz
7. Mother's Birthplace Germany
8. Full Name of Father Charles Wernich
9. Father's Occupation Carter
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Christina Lauer

Address 173 Harford Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 6th 1875
4. Place of Birth (Street and Number)	34 Stricker alley
5. Full Name of Mother	Almira Boston
6. Mother's Maiden Name	Gilli
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	Joseph M. Boston
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Neff MD
Address	554 W Lexington
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 20th 1875
4. Place of Birth (Street and Number)	72 Boyd st.
5. Full Name of Mother	Margaret Cunningham
6. Mother's Maiden Name	"
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Cunningham
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	John Neff M.D.
Address	558 W. Fayette st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 11th

4. Place of Birth (Street and Number) 726 W Baltimore St

5. Full Name of Mother Annie Sullivan

6. Mother's Maiden Name Annie McCourt

7. Mother's Birthplace Ireland

8. Full Name of Father Cornelius Sullivan

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Edwd F. Mitchelland M.D.

Address 279 W. Lombard St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2338

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* April 14th 1875
4. *Place of Birth* (Street and Number) 219 Baltimore Avenue Balt
5. *Full Name of Mother* Catherine Mc Murray
6. *Mother's Maiden Name* Catherine Gilroy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Felix McMurry
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. John Morris

Address 5 Franklin st

Remarks

RETURN OF A BIRTH.

2339

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 16th 1875
4. *Place of Birth* (Street and Number) Hampstead St. No 58.
5. *Full Name of Mother* Margaretha Vogler
6. *Mother's Maiden Name* Margaretha Euler
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Vogler
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2340

HEALTH DEPARTMENT APR 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

f Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

(state whether Male or Female) Female —

ce or Color (if not of the white race) White

te of Birth April 14th - 1875 -

ace of Birth (Street and Number) 20 New Street -

ll Name of Mother Mary C. Rider

ther's Maiden Name Mary C. Hammond

ther's Birthplace Virginia

ll Name of Father Alexander Rider -

ther's Occupation Cabinet - maker -

ther's Birthplace Baltimore -

me of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith.

ldress No - 125 - North Charles st -

marks A perfectly natural labor -

2341

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5te
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	14th april 1875
4. Place of Birth (Street and Number)	86 carolin str.
5. Full Name of Mother	Anne Blazeck
6. Mother's Maiden Name	" Tillmann
7. Mother's Birthplace	Austria
8. Full Name of Father	Martin Blazeck
9. Father's Occupation	Carpenter
10. Father's Birthplace	Austria
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 E. Lombard str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2342

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth 14 of April
4. Place of Birth (Street and Number) Alice Ann St 336
5. Full Name of Mother Mary Ellen Roberts
6. Mother's Maiden Name Mary Ellen Munrol
7. Mother's Birthplace Baltimore County
8. Full Name of Father Alexander Bowen Roberts
9. Father's Occupation Ship Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Wiley

Address Paterson Park Avenue No 17

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2343

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14/75
4. Place of Birth (Street and Number)	60 Castle St
5. Full Name of Mother	B. Fichtelstein
6. Mother's Maiden Name	B. Welsch
7. Mother's Birthplace	Wotendorf
8. Full Name of Father	J. Fichtelstein
9 Father's Occupation	Tailor
10. Father's Birthplace	Bavaria
Name of Medical Attendant or other Person who makes this Return.	Marie Sedivor
Address	23 S. Durham St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2344

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~22 N. Chapel St~~ April 14/75
4. Place of Birth (Street and Number)	22 N. Chapel St
5. Full Name of Mother	Barbara Bauman
6. Mother's Maiden Name	Barbara Lecker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Bauman
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Marie Lederer
Address	23 South Durham St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2345

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14/75
4. Place of Birth (Street and Number)	245 E. Jefferson St.
5. Full Name of Mother	Louisa Schutzel
6. Mother's Maiden Name	Louisa Gregg
7. Mother's Birthplace	Germany
8. Full Name of Father	Christopher Schutzel
9 Father's Occupation	Sailor
10. Father's Birthplace	Hoechstadt
Name of Medical Attendant, or other Person who makes this Return.	Franz Lederer
Address	23 South Durham St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2346

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr. 14th 1875
4. Place of Birth (Street and Number)	Md. Lyn Asylum 166 W. Lombard St.
5. Full Name of Mother	Elizabeth Wilson
6. Mother's Maiden Name	Elizabeth Wilson
7. Mother's Birthplace	Calvert Co. Md.
8. Full Name of Father	Dan Wilson
9. Father's Occupation	Farmer
10. Father's Birthplace	Calvert Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	D. A. Finch M.D.
Address	Res. City
Remarks	Md. Lyn Asylum

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their, physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2347

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14th 1875
4. Place of Birth (Street and Number)	Md. Lying In Asylum, 163 W. Lombard St.
5. Full Name of Mother	Emma Heintz
6. Mother's Maiden Name	Emma Heintz
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Charles Ball
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. A. Gisborne M.D.
Address	President Physician Md. Lying In Asylum
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2348

HEALTH DEPARTMENT
APR
20
1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	April 14 75.
4. *Place of Birth* (Street and Number)	472 Canton av.
5. *Full Name of Mother*	Marie Dietrich
6. *Mother's Maiden Name*	= Bork.
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Franz Dietrich
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Buchmann
Address	120 Bank. st
Remarks	

2349

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 14th 1875
4. Place of Birth (Street and Number) No 361 Eger st
5. Full Name of Mother Susan Heney
6. Mother's Maiden Name Susan Megown
7. Mother's Birthplace Irland
8. Full Name of Father John Heney
9. Father's Occupation Panter
10. Father's Birthplace Irland

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 7.82 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) American
3. Date of Birth April 14 1875
4. Place of Birth (Street and Number) Holland St. No 24
5. Full Name of Mother Bathrine Zillinger
6. Mother's Maiden Name Cathrine Huntsdorf
7. Mother's Birthplace Bayers Europe
8. Full Name of Father Andreas Zillinger
9. Father's Occupation Shoemaker
10. Father's Birthplace Bayers Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address No 48 Holland St Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	14 April 1875
4. Place of Birth (Street and Number)	N. E. Cor. Ramsay & Parish
5. Full Name of Mother	Annie Mary Towers
6. Mother's Maiden Name	Reinhart
7. Mother's Birthplace	Frederick Co., Md.
8. Full Name of Father	John Henry Towers
9. Father's Occupation	Fireman, B. & O. R. R.
10. Father's Birthplace	Washington Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Josh Hood, M.D.
Address	234 Hollins St.
Remarks	An unusually large, well developed child, — strong & lively.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2352

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th
4. Place of Birth (Street and Number)	Eutaw St. No 228
5. Full Name of Mother	Christina Heckert
6. Mother's Maiden Name	Gondermann
7. Mother's Birthplace	Hanover
8. Full Name of Father	John Heckert
9. Father's Occupation	Laborer
10. Father's Birthplace	Hanover
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	228 Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Male Chile
2. Race or Color (if not of the white race) Colord
3. Date of Birth April 14.18.75
4. Place of Birth (Street and Number) Mulican No 165
5. Full Name of Mother Mary Wallis
6. Mother's Maiden Name Mary Harris
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father Jeanus Wallis
9. Father's Occupation is A Tapler by Trade
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Lucinday Woolford Midwife

Address 130 [illegible] Register St Baltimore City Md

Remarks it is A very prospus Chile With Good appearance

~~[illegible]~~ [illegible] for [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2354

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 14th 1875
4. Place of Birth (Street and Number) 312 Durham Street
5. Full Name of Mother Susan McCordock
6. Mother's Maiden Name Susan McCordock
7. Mother's Birthplace Ireland
8. Full Name of Father William McCordock
9. Father's Occupation Porter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 279 McDonough st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2355

HEALTH DEPARTMENT
APR 20 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 14
4. Place of Birth (Street and Number) Chesnut st above [illegible] st
5. Full Name of Mother Nelly Petisty
6. Mother's Maiden Name Nelly
7. Mother's Birthplace Philadelphia
8. Full Name of Father John Petisty Batista
9. Father's Occupation None
10. Father's Birthplace Cuban

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address Granby St No 70

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2356

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 13 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	15 ~~ten~~ of April 1875
4. *Place of Birth* (Street and Number)	№ 206 Burgundie Alley
5. *Full Name of Mother*	Cristine Eisel
6. *Mother's Maiden Name*	Lomeier
7. *Mother's Birthplace*	Germana.
8. *Full Name of Father*	Geo. Eisel.
9 *Father's Occupation*	Brewer.
10. *Father's Birthplace*	Germana.
Name of Medical Attendant, or other Person who makes this Return.	J. Lobrasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 15th April
4. Place of Birth (Street and Number) 54 N. Dunbar Alley
5. Full Name of Mother Margaret Walker
6. Mother's Maiden Name Lane
7. Mother's Birthplace Annandale County
8. Full Name of Father Unknown
9. Father's Occupation "
10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this Return. City Lockman

Address 54 N. Dunbar Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~ 7th Child

1. Sex (state whether Male or Female) The child is of a female sex
2. Race or Color (if not of the white race) of the colored race
3. Date of Birth 15 of April 1875
4. Place of Birth (Street and Number) ~~Susan hill~~ No 20 Broadway court
5. Full Name of Mother Susan hill
6. Mother's Maiden Name Susan Edwards
7. Mother's Birthplace Cambridge Dorchester County
8. Full Name of Father John hill
9. Father's Occupation Oyster shucking
10. Father's Birthplace Cambridge Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Louisa Seaton

Address No 111 South Dallas St

Remarks I found her in good health and ever thing came in correct time and was accomplished in its right form

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth April 15 Leenth

4. Place of Birth (Street and Number) Baltimore Md Durham Street No. 17

5. Full Name of Mother Mrs Henry [illegible]

6. Mother's Maiden Name Georgianna Blake

7. Mother's Birthplace Baltimore Maryland

8. Full Name of Father Henry Daniel

9. Father's Occupation Brick Molder

10. Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this Return. Sarah Miles

Address 247 Orleans Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2860

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 18 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth 15th April 1875

4. Place of Birth (Street and Number) 301. Aisquith St.

5. Full Name of Mother Annie Kainz.

6. Mother's Maiden Name " Walter.

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Henry H. Kainz.

9 Father's Occupation Butcher.

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Miller.

Address 193 N. Caroline St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10, th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 15. 75
4. Place of Birth (Street and Number)	33 Fort St
5. Full Name of Mother	Marie Schech
6. Mother's Maiden Name	" Schneider
7. Mother's Birthplace	Germania
8. Full Name of Father	Franz Schech
9. Father's Occupation	Leborer
10. Father's Birthplace	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April. 16. 1875.
4. Place of Birth (Street and Number)	86 Saratoga St,
5. Full Name of Mother	Mary Herbert,
6. Mother's Maiden Name	Mary Harper,
7. Mother's Birthplace	Baltimore City,
8. Full Name of Father	Nathaniel Herbert,
9 Father's Occupation	Clerk,
10. Father's Birthplace	Cleveland, Ohio.
Name of Medical Attendant, or other Person who makes this Return.	Dr Richard P. Morgan,
Address	175 Saratoga St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th day of April
4. Place of Birth (Street and Number)	No 138 Battery av
5. Full Name of Mother	Mrs Lucy ann Kirby
6. Mother's Maiden Name	Miss Lucy ann Harper
7. Mother's Birthplace	Georgetown DC
8. Full Name of Father	Mr Hearnes A. Kirby
9. Father's Occupation	Mariner
10. Father's Birthplace	Cumberland Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Eliston Conway
Address	131 Battery Avenue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That the Record of Public Baptisms in the City of Baltimore.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 15th 1875
4. Place of Birth (Street and Number)	No 7 Ballon Street
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	Silas Brown
9. Father's Occupation	Laborer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	C B Gamble
Address	40 Richmond Street
Remarks	

2365

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 ds
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 15th
4. Place of Birth (Street and Number)	420 East Fayette
5. Full Name of Mother	Kate Elmore Aldwell
6. Mother's Maiden Name	Kate Elmore Rodley
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	William J Aldwell
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return	Mary A Aldwell
Address	279 Mc Donough st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15th of Apri
4. Place of Birth (Street and Number) No 171 Old Bethel St
5. Full Name of Mother Elizabeth Dinsbir
6. Mother's Maiden Name " Kraft
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Dinsbir
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Getzke

Address No 52 Bethel St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2367

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex (state whether Male or Female)* Male -
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 15th 1875
4. *Place of Birth (Street and Number)* 19 Jackson Sto.
5. *Full Name of Mother* Martha Buckley -
6. *Mother's Maiden Name* Martha Morris
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* John D - Buckley
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore city.

Name of Medical Attendant, or other Person who makes this Return. W. R. Robinson M.D.

Address 86. E - Fayette. Sto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
18
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	April 16, 1875
4. Place of Birth (Street and Number)	26 Gilbert Street
5. Full Name of Mother	Martha Harrison
6. Mother's Maiden Name	Martin Liddell
7. Mother's Birthplace	Clear Spring Maryland
8. Full Name of Father	Phillip Harrison
9. Father's Occupation	Labourer
10. Father's Birthplace	Clear Spring Md
Name of Medical Attendant, or other Person who makes this Return	William A. B. Sellman M.D.
Address	S.W. cor Lemvale and Carrollton Ave
Remarks	Remarkable protracted labour lasting nearly 36 hours. Unusual large child."

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 16th 1875
4. Place of Birth (Street and Number) 56 Dept St
5. Full Name of Mother Annie E Johnson
6. Mother's Maiden Name Dept
7. Mother's Birthplace Richmond Va
8. Full Name of Father David E Johnson
9. Father's Occupation Book keeper
10. Father's Birthplace Lexington Va

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 131 Battery Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2370

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* April 16th 1875.
4. *Place of Birth* (Street and Number) No. 58 Pennsylvania Ave.
5. *Full Name of Mother* Henrietta Long.
6. *Mother's Maiden Name* Henrietta Barrett.
7. *Mother's Birthplace* Kent County Maryland.
8. *Full Name of Father* Henry Long.
9. *Father's Occupation* Lamplighter.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Theresa Engeldinger

Address No. 14 Union St.

Remarks The Child died a few minutes after Birth

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2371

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) American
3. Date of Birth April 16 1875
4. Place of Birth (Street and Number) Low St No 137.
5. Full Name of Mother Francisca Geis
6. Mother's Maiden Name Francisa Shweiger
7. Mother's Birthplace Baden Europe
8. Full Name of Father Leonhart Geis
9. Father's Occupation Shoemaker
10. Father's Birthplace Bayers Europe.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address No 48 Holland St Baltimore Md

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Mother had 6 children

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colard
3. Date of Birth April 16 Friday
4. Place of Birth (Street and Number) Queenn ann county maryland
5. Full Name of Mother Mary Samson
6. Mother's Maiden Name Mary Brown
7. Mother's Birthplace 17 Douglass st.
8. Full Name of Father Georg Samson
9. Father's Occupation Labor
10. Father's Birthplace Queenn ann county Maryland

Name of Medical Attendant, or other Person who makes this Return. Mira Goarden 5th east st

Address

Remarks Writer made a mistake in the putting the Mother name in the in the child place

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Required by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

2373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1st~~ 1st child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 10th day of April 1875

4. Place of Birth (Street and Number) [illegible] st no 56

5. Full Name of Mother Sarah

6. Mother's Maiden Name Sarah Dixon

7. Mother's Birthplace Baltimore

8. Full Name of Father Frances Anthony

9. Father's Occupation Labor

10. Father's Birthplace Lancaster Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann Nash

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2374

HEALTH DEPARTMENT APR 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th Mo. 16th 1875.
4. Place of Birth (Street and Number)	50 Valley St.
5. Full Name of Mother	Jenett Horn.
6. Mother's Maiden Name	Jenett Carey.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Horn.
9. Father's Occupation	Lithographer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. Riley
Address	47 Lexington St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2315

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th
4. Place of Birth (Street and Number)	Sharp St. No 12
5. Full Name of Mother	Louisa Young
6. Mother's Maiden Name	Bateman
7. Mother's Birthplace	Franklin, Baltimore County
8. Full Name of Father	Peter Young
9. Father's Occupation	Farmer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Jones
Address	328 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Baltimore April 16 1875
4. *Place of Birth (Street and Number)* James Alley No 64
5. *Full Name of Mother* Clarity Garrett
6. *Mother's Maiden Name* Clarity Johnson
7. *Mother's Birthplace* howard County Md
8. *Full Name of Father* William Garrett.
9. *Father's Occupation* drayman
10. *Father's Birthplace* Howard County Md

Name of Medical Attendant, or other Person who makes this Return. Hester A Bradley

Address 185 Orchard Street

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 16th 1875
4. Place of Birth (Street and Number)	Baltimore City – N.W. Cor Franklin & Paca
5. Full Name of Mother	Mary Key Gilmor
6. Mother's Maiden Name	Mary Key
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Gilmor Jr of Robt
9. Father's Occupation	Broker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler M.D
Address	No 135 N Charles St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

2375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 16
4. Place of Birth (Street and Number)	Ramsay St 340 Baltimore
5. Full Name of Mother	Josephine King
6. Mother's Maiden Name	Josephine Ritter
7. Mother's Birthplace	Baltimore Co.
8. Full Name of Father	John F. King
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Robt Anderson
Address	no 4 Dover St
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2379

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st & Second child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 16th 1875
4. Place of Birth (Street and Number)	16 N. Broadway.
5. Full Name of Mother	Mrs Helen Rickets
6. Mother's Maiden Name	Helen Leary.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Rickets.
9. Father's Occupation	Fireman.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Morrison.
Address	23 N. Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2380

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1875
4. Place of Birth (Street and Number)	82 Canton Ave.
5. Full Name of Mother	Margaretha Fr. Habel
6. Mother's Maiden Name	Fr. Weber
7. Mother's Birthplace	Brockstadt.
8. Full Name of Father	Dominic Habel
9 Father's Occupation	Laborer
10. Father's Birthplace	Breidenbrunn
Name of Medical Attendant, or other Person who makes this Return.	Magie Lederer
Address	No 23 S. Durham St.
Remarks	—

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 11th 5¼ am

4. Place of Birth (Street and Number) 24 Aisquith St

5. Full Name of Mother Edw Rodgers

6. Mother's Maiden Name Edw. Reed

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm H Rodgers

9. Father's Occupation Book keeper

10. Father's Birthplace New York N.Y

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible]

Remarks Aisquith

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	17 April
4. Place of Birth (Street and Number)	205 Hamburg St
5. Full Name of Mother	Matilda Fanlar
6. Mother's Maiden Name	Matilda Green
7. Mother's Birthplace	Naples
8. Full Name of Father	Jacob Fanlar
9 Father's Occupation	Brick Maker
10. Father's Birthplace	Fanslan Sent Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Dorsey 141 Third St
Address	
Remarks	

2383

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr. 17th 1875
4. Place of Birth (Street and Number)	Md Lying In Asylum. 16 W. Lombard St.
5. Full Name of Mother	Anna Hoover
6. Mother's Maiden Name	Same
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	David Green
9. Father's Occupation	Farmer
10. Father's Birthplace	Carroll County Md.
Name of Medical Attendant, or other Person who makes this Return.	D. A. Giesler Md
Address	Resd't Physician
Remarks	Md. Lying In Asylum

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2384

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the second child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Caucasian Race

3. Date of Birth 17th of April at 4 P.M.

4. Place of Birth (Street and Number) 272 S Ann St.

5. Full Name of Mother Louisa Seidel

6. Mother's Maiden Name Louisa Reichert

7. Mother's Birthplace Germany

8. Full Name of Father Louis Seidel

9. Father's Occupation Merchant Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Brendel

Address No 208 South Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Negro
3. Date of Birth On the evening of April 17th 1875
4. Place of Birth (Street and Number) No 322 Hamburg Street
5. Full Name of Mother Sarah Davis
6. Mother's Maiden Name Sarah Washington
7. Mother's Birthplace Charles County Maryland
8. Full Name of Father John Davis
9. Father's Occupation Works in a guano factory
10. Father's Birthplace Dorchester County Maryland

Name of ~~Medical Attendant~~, or other Person who makes this Return. Nancy Lokey

Address No 6 Clarks Alley

Remarks Child fine and healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2386

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 20 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Dark
3. *Date of Birth* April 17/75
4. *Place of Birth (Street and Number)* Balto 38. Holland st
5. *Full Name of Mother* Johnna Watkins
6. *Mother's Maiden Name* Robertson
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jurrin Watkins
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Alace A. Chaplin M. D.

Address No 11 Bounty Lane

Remarks healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 17th 8 P.M
4. Place of Birth (Street and Number) 256 E Fayette St
5. Full Name of Mother Mary Ellen Turner
6. Mother's Maiden Name Neville
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Thaddeus Constantine Sobieski Turner
9. Father's Occupation Provision Dealer
10. Father's Birthplace St Louis Mo

Name of Medical Attendant, or other Person who makes this Return. Mary A Milwell

Address 279 McDonogh St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2388

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 17th 1875.
4. Place of Birth (Street and Number)	116 N. Schroeder St.
5. Full Name of Mother	Mary W. Osborne
6. Mother's Maiden Name	Montague
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jas. E. Osborne
9. Father's Occupation	Currier
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. C. Cuddy, M.D.
Address	363 Franklin St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	American
3. Date of Birth	April 18. 1875
4. Place of Birth (Street and Number)	Lloyd St No 9.
5. Full Name of Mother	Annie Otto
6. Mother's Maiden Name	Annie Plitt
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Peter Otto
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Bayern Europe
Name of Medical Attendant, or other Person who makes this Return.	Dr Rose attdg
Address	No 48 Holland St Baltimore Md
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2390

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th April
4. *Place of Birth (Street and Number)* 54 York st
5. *Full Name of Mother* Annie Thornton
6. *Mother's Maiden Name* Annie Finegan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Thornton
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J W Webster Jr

Address 57 Barnet

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2391

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 18th
4. *Place of Birth* (Street and Number)	No. 310 W. Fayette St
5. *Full Name of Mother*	Frances Greenbaum
6. *Mother's Maiden Name*	Frances Rosenbaum
7. *Mother's Birthplace*	Philadelphia
8. *Full Name of Father*	Dan'l Greenbaum
9. *Father's Occupation*	Lawyer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address	148 Mul. St Corner Green St
Remarks	Living & healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

239

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	18th April 1875
4. Place of Birth (Street and Number)	108 East Monument St Balto Md
5. Full Name of Mother	Mrs Mary Elizabeth Spies
6. Mother's Maiden Name	Miss " " Stengel
7. Mother's Birthplace	Jarrettsville Harford County Md
8. Full Name of Father	Lewis Spies
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Ursula V. Schriner
Address	108 East Monument St Balto Md
Remarks	129 East Monument St Baltimore City

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	White
Date of Birth	Apr. 18th 1875
Place of Birth (Street and Number)	No. 38 N. Green St.
Full Name of Mother	Charlotte Elizabeth Hurtt
Mother's Maiden Name	Montgomery
Mother's Birthplace	Cecil Co. Md
Full Name of Father	Robert Hurtt
Father's Occupation	Waiter
Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Judson Gilman
Address	192 Saratoga St.
Remarks	Fine healthy child weighs 9 lbs nett

RETURN OF A BIRTH.

1 2394

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Apl 19th 1875.
4. *Place of Birth* (Street and Number)	136 Reina Avenue
5. *Full Name of Mother*	Williamina Rozella Allenbaugh
6. *Mother's Maiden Name*	Williamina Rozella Christopher
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Charles Thomas Allenbaugh
9. *Father's Occupation*	Plumber & Gas Fitter.
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2395

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) Colard

3. *Date of Birth* 19 April

4. *Place of Birth* (Street and Number) Eagle Alley South Baltimore

5. *Full Name of Mother* Mary A Tillman

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Willan Long

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Dorsey

Address No 40 Hill St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23986

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Apl 19
4. Place of Birth (Street and Number)	50 Monument St
5. Full Name of Mother	Augusta Hurst
6. Mother's Maiden Name	Augusta Nebalis
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	John S. Hurst
9. Father's Occupation	Wholesale Boot & Shoe Merchant
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	H M Wilson MD
Address	251 Madison Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 19th 1875
4. Place of Birth (Street and Number) Calhoun Street No 455
5. Full Name of Mother Hellen Spurrier
6. Mother's Maiden Name Hellen Moran
7. Mother's Birthplace Baltimore
8. Full Name of Father William Heald Spurrier
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. G. Spanor

Address N. Carey St No 425

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th
4. Place of Birth (Street and Number)	Madison Ave Extended
5. Full Name of Mother	Catherine Ottendorf
6. Mother's Maiden Name	Catherine Herzog
7. Mother's Birthplace	Germany
8. Full Name of Father	Clemens Ottendorf
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	F. Tenbrink
Address	148 Mul. St.
Remarks	Living & healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	~~[illegible]~~ ~~[illegible]~~ male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 19th 1875
4. Place of Birth (Street and Number)	65 Pearl St
5. Full Name of Mother	Sarah Binswanger
6. Mother's Maiden Name	Sarah Pina
7. Mother's Birthplace	Baltimore
8. Full Name of Father	~~[illegible]~~ Sigmund Binswanger
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. Liebmann M.D.
Address	58 N. Front St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2400

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex* (state whether ~~Male or~~ Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 19th
4. *Place of Birth* (Street and Number)	Eutaw Place
5. *Full Name of Mother*	Mary L. Miller
6. *Mother's Maiden Name*	Mary L. Bradley
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Theodore K. Miller
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	F. Leverland
Address	148 Mul St Corner Green
Remarks	Living & Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2401

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) Caucasian.
3. *Date of Birth* 19th April 1875.
4. *Place of Birth* (Street and Number) 471 N. Fremont Street,
5. *Full Name of Mother* Elizabeth Bond,
6. *Mother's Maiden Name* " Carson,
7. *Mother's Birthplace* Baltimore Md,
8. *Full Name of Father* Joshua Braley Bond,
9. *Father's Occupation* Merchant,
10. *Father's Birthplace* Bamford County Maryland,

Name of Medical Attendant, or other Person who makes this Return. Harry Lee Byrd M.D.

Address 366. N. Fremont Street.

Remarks Natural Labor 15 hours duration, Vertex presentation, Mother & Child doing well,

2402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th 1875
4. Place of Birth (Street and Number)	No 326 Orleans St
5. Full Name of Mother	Henrietta Frank
6. Mother's Maiden Name	Henrietta Frank
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Thos Asle
9. Father's Occupation	Agent
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Basila S Chrismer
Address	No 127 E Monument St
Remarks	Baltimore City

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2403

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd child.

1. *Sex* (state whether Male or Female) ~~Female~~ Male.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 19th 8 am. 1875
4. *Place of Birth* (Street and Number) 144 E. Fayette st
5. *Full Name of Mother* Fanny Schultz.
6. *Mother's Maiden Name* Fanny Phillips
7. *Mother's Birthplace* Baltimore,
8. *Full Name of Father* Ernest. W. Schultz.
9. *Father's Occupation* Tinner.
10. *Father's Birthplace* Baltimore. Md

Name of Medical Attendant, or other Person who makes this Return. H. A. Holme. M.D.

Address 86 E. Fayette st

Remarks

2404

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 20th 1875
4. *Place of Birth (Street and Number)* n Lombard 2115
5. *Full Name of Mother* Emma Mc Kean
6. *Mother's Maiden Name* Emma Noack
7. *Mother's Birthplace* Berlin Prussia
8. *Full Name of Father* Robert Mc Kean
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E & C Baldwin

Address n Exeter s 1124

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2405

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	April 4th 1875.
4. *Place of Birth* (Street and Number)	519 N. Stricker st.
5. *Full Name of Mother*	M. J. Conrad
6. *Mother's Maiden Name*	M. J. Simms
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	J. J. Conrad
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Va.
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hilton
Address	121 W. Monument st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2406

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	White
Date of Birth	April 5th
Place of Birth (Street and Number)	82 Ridgeley St
Full Name of Mother	Elizabeth Fontz
Mother's Maiden Name	Elizabeth Voneiff
Mother's Birthplace	Balto City
Full Name of Father	Jacob Fontz
Father's Occupation	Brickmaker
Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Bunch M D
Address	141 Hanover St
Remarks	

2407

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 29 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 6th 1875
4. *Place of Birth* (Street and Number) N 214 Saratoga St
5. *Full Name of Mother* Sarah Aloysia Wilmer
6. *Mother's Maiden Name* Sarah Aloysia Lilly
7. *Mother's Birthplace* Rockville Montgomery Co Md
8. *Full Name of Father* Peter Wilmer
9. *Father's Occupation* Deputy Collector
10. *Father's Birthplace* Charles County Md

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard MD

Address N 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2,408

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March April 10th 1875
4. *Place of Birth* (Street and Number) N 234 Saratoga St
5. *Full Name of Mother* Emma Virginia White
6. *Mother's Maiden Name* Emma Virginia Carver
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John I. White
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. Chataud

Address N 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2109

HEALTH DEPARTMENT
APR
29
1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 13 1875
4. *Place of Birth* (Street and Number) N 155 Lexington St
5. *Full Name of Mother* Jenny Guerin Trillard
6. *Mother's Maiden Name* Jenny Guerin
7. *Mother's Birthplace* Angers, France
8. *Full Name of Father* August Trillard
9. *Father's Occupation* Cook
10. *Father's Birthplace* Paris France

Name of Medical Attendant, or other Person who makes this Return. H. E. Chatard

Address N 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2410

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	White
Date of Birth	April 12th
Place of Birth (Street and Number)	118 Burgundy St
Full Name of Mother	Ellen Bollman
Mother's Maiden Name	Ellen Bezist
Mother's Birthplace	Balto City
Full Name of Father	Jos. H. Bollman
Father's Occupation	Machinist.
Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Buch M D
Address	141 Hanover St
Remarks	

2411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 26 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	15 th April
4. Place of Birth (Street and Number)	50 Mosquith St.
5. Full Name of Mother	Kate ~~Vogt~~ Poetner
6. Mother's Maiden Name	Vogt
7. Mother's Birthplace	Germanny
8. Full Name of Father	John Poetner
9. Father's Occupation	Shoemacker
10. Father's Birthplace	Germanny
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Miller
Address	161 E. Pratt St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2412

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male White
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 15th 1875
4. *Place of Birth* (Street and Number) 136 Hanford Avenue
5. *Full Name of Mother* Mary Ann Moan
6. *Mother's Maiden Name* " " Hughes
7. *Mother's Birthplace* County Galway Ireland
8. *Full Name of Father* James Moan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* County Monaghan Ireland

Name of Medical Attendant, or other Person who makes this Return. A Hartman

Address # 305 N. Caroline St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2413

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~#98 Chew St~~ April 15th 1875
4. *Place of Birth (Street and Number)* #98 Chew St
5. *Full Name of Mother* Sarah Ann Bolgiano
6. *Mother's Maiden Name* " " Bockmiller
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John C Bolgiano
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address #305 N Caroline St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24-111

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Anglo Saxon
3. Date of Birth	April 15th 1875
4. Place of Birth (Street and Number)	No. 717. West Baltimore Street
5. Full Name of Mother	Mary Elizabeth Pausch
6. Mother's Maiden Name	Mary Elizabeth Spamer
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Geo. A. Pausch
9. Father's Occupation	Cigar Manufacturer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	A. T. Bell M.D.
Address	306 Madison Avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2415

HEALTH DEPARTMENT
APR 29 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 16th 1875.
4. Place of Birth (Street and Number) 58 W Madison St.
5. Full Name of Mother Mary Hough
6. Mother's Maiden Name Mary Norris
7. Mother's Birthplace Baltimore
8. Full Name of Father W. D. Hough
9. Father's Occupation Merchant
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address 121 W. Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 4.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 14 April 1875
4. Place of Birth (Street and Number) No 5 Mulberry St Balt Md
5. Full Name of Mother Pauline Gore
6. Mother's Maiden Name " ~~Ott~~
7. Mother's Birthplace Balto Md
8. Full Name of Father Jesse P. Gore
9. Father's Occupation Coach Maker
10. Father's Birthplace Fredericksburg Va

Name of Medical Attendant, or other Person who makes this Return. J H Patterson Md

Address No 28 Franklin "

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2417

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Girth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 16th 75
4. Place of Birth (Street and Number) 226 East Chew St.
5. Full Name of Mother Ruth A. Nivel
6. Mother's Maiden Name Jones.
7. Mother's Birthplace Baltimore
8. Full Name of Father William Nivel
9. Father's Occupation Stone Cutter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charles S. McCormick

Address. 734 N. Exeter St.

Remarks City

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2418

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 16th
4. *Place of Birth (Street and Number)* 74 Pearce St.
5. *Full Name of Mother* Mary Catherine ~~Hoot~~ Ross
6. *Mother's Maiden Name* " " Hoot
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Alexander Ross
9. *Father's Occupation* Gardener
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address 89 N. Greene St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 16th April 1875.

4. Place of Birth (Street and Number) 494 Hartford Ave.

5. Full Name of Mother Cathrin Wagner.

6. Mother's Maiden Name Cathren Sell

7. Mother's Birthplace Germany

8. Full Name of Father Louis Wagner

9. Father's Occupation Recf. Butcher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 North Bond St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2420

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 16th 1875

4. Place of Birth (Street and Number) No 287 Madison St. Baltimore Md

5. Full Name of Mother Caroline Lyons

6. Mother's Maiden Name Caroline Smeltz.

7. Mother's Birthplace St. Louis

8. Full Name of Father Watson Lyons.

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Budd.

Address No 209 Monument St. corner of Central Aver.

Remarks Both Well.

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	17 th April 1875
4. Place of Birth (Street and Number)	154 Hughes St.
5. Full Name of Mother	Lisi Hardtmann
6. Mother's Maiden Name	" Eisenrotter
7. Mother's Birthplace	" Baltimore
8. Full Name of Father	Harry Hardtmann
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carpen
Address	52 E. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2422

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 17th 1875
4. Place of Birth (Street and Number)	No. 29 S. Ann St.
5. Full Name of Mother	Cynthia Reed Somers
6. Mother's Maiden Name	Wilkinson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles S. Somers
9 Father's Occupation	Merchant
10. Father's Birthplace	New Jersey
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M. D.
Address	No. 406 E. Baltimore St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2423

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th of April 1875
4. Place of Birth (Street and Number)	No. 63 Portland st.
5. Full Name of Mother	Wilhelmine Koehler.
6. Mother's Maiden Name	Ungner.
7. Mother's Birthplace	Germana
8. Full Name of Father	Abraham Koehler
9 Father's Occupation	Carpenter
10. Father's Birthplace	~~Germana~~ Holland.
Name of Medical Attendant, or other Person who makes this Return.	J. Schroasser. midwife
Address	No. 213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2424

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth April 17th 1875 Baltimore Md.
4. Place of Birth (Street and Number) No 23 Bidle Street.
5. Full Name of Mother M. Snyder.
6. Mother's Maiden Name M. Eck.
7. Mother's Birthplace Baltimore County
8. Full Name of Father Mr. Snyder.
9. Father's Occupation House Carpenter
10. Father's Birthplace Hesendarmstate. Germany

Name of Medical Attendant, or other Person who makes this Return. M. A Batt

Address No 209 Monument St. Cor. Central Avenue

Remarks Tarabl well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2425

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 17 1875
4. Place of Birth (Street and Number)	Hoffman St near Madison
5. Full Name of Mother	Annie Curtain Gibson
6. Mother's Maiden Name	Annie Curtain
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William J Gibson
9. Father's Occupation	Dentist
10. Father's Birthplace	Steubenville Ohio
Name of Medical Attendant, or other Person who makes this Return.	Caleb Winslow
Address	23 N. McCulloh St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)	Three
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~[illegible]~~ April 17th
4. Place of Birth (Street and Number)	81 Harlem ave.
5. Full Name of Mother	Teresa Hoff
6. Mother's Maiden Name	Teresa Schaub
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	L. Nelson Hoff
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	H. L. Spencer M.D.
Address	879 W. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2427

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	17. April
4. Place of Birth (Street and Number)	121 Gough St.
5. Full Name of Mother	Hanna Bockelmann
6. Mother's Maiden Name	" Stiever
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick Bockelmann
9 Father's Occupation	Housecarpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Miller
Address	151 E. Pratt St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 18th 1875
4. Place of Birth (Street and Number)	241 St. Charles st
5. Full Name of Mother	Georgie Galeston
6. Mother's Maiden Name	Georgie Morris
7. Mother's Birthplace	Baltimore
8. Full Name of Father	L R Galeston
9. Father's Occupation	
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. W. Mitchell
Address	121 W. Monument st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April ~~11th~~ ~~246 Chase Street~~
4. *Place of Birth (Street and Number)* 246 Chase Street
5. *Full Name of Mother* E. V. Roberts
6. *Mother's Maiden Name* E. V. Griffith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* E. H. Roberts
9. *Father's Occupation* Coffee Roaster
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Simpson M. D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 18th 1875

4. Place of Birth (Street and Number) 20 Bolton Alley

5. Full Name of Mother Mary Conser

6. Mother's Maiden Name Mary Twaller

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Cortlan Carlisle Conser

9. Father's Occupation Paper Hanger

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl [illegible]

Address 214 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2431

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 des Child

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 18th 1875
4. *Place of Birth* (Street and Number) Bank St. No 28.
5. *Full Name of Mother* Elisabetha Schnabel.
6. *Mother's Maiden Name* Elisabetha Meinschein
7. *Mother's Birthplace* Schwarzenfels K. Prussen Germany
8. *Full Name of Father* August Schnabel.
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Messeburg K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2432

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight.

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* April 18. 1875.
4. *Place of Birth (Street and Number)* 25, O'Donnell St,
5. *Full Name of Mother* Mrs. Bridget O'Sullivan,
6. *Mother's Maiden Name* Bridget O'Conner,
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Timothy O'Sullivan,
9. *Father's Occupation* Cabinet Maker.
10. *Father's Birthplace* Ireland,

Name of Medical Attendant, or other Person who makes this Return. Jno. J. Sullivan. M.D.

Address 116 Thames St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2433

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	18th April, 1875.
4. *Place of Birth* (Street and Number)	120 Monument & Chester sts
5. *Full Name of Mother*	Margaret Baier.
6. *Mother's Maiden Name*	Klinesmidt.
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Andrew Baier,
9. *Father's Occupation*	Restaurant.
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary K. Rudiger.
Address	194 North Bond St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2434

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third,

1. Sex (state whether Male or Female) Male,

2. Race or Color (if not of the white race) White,

3. Date of Birth April 18th 1875.

4. Place of Birth (Street and Number) Gilmor St. 2d house north of Cook.

5. Full Name of Mother Henrietta Virginia Healthans,

6. Mother's Maiden Name H. V. Riefle.

7. Mother's Birthplace Baltimore Maryland.

8. Full Name of Father Henry C. Healthans.

9. Father's Occupation Paint & oil Merchant.

10. Father's Birthplace Baltimore, Maryland.

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5, Franklin St Baltimore,

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr. 19th 1875
4. Place of Birth (Street and Number)	165 St. Paul St.
5. Full Name of Mother	Lelia Dorsey
6. Mother's Maiden Name	Lelia Broomfoot
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Arthur Dorsey
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. Mitchell
Address	171 W. Monument
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) —

3. Date of Birth April 19th 1875

4. Place of Birth (Street and Number) 201 Preston St

5. Full Name of Mother Sophia Cowgrove

6. Mother's Maiden Name Sophia [illegible]

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thomas [illegible]

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie [illegible]

Address 201 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2437

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 19th 1875

4. Place of Birth (Street and Number) 94 George St

5. Full Name of Mother Mary E. Lane

6. Mother's Maiden Name Mary E. Hales

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Michael Lange

9. Father's Occupation Lorgeo

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louis Mercer [illegible]

Address 24 Theatre St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2438

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 23 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 19th 1875
4. *Place of Birth (Street and Number)* Sterett St Cor St Paul's
5. *Full Name of Mother* Sarah Vincent
6. *Mother's Maiden Name* — Love
7. *Mother's Birthplace* Balto Co.
8. *Full Name of Father* Jesse Vincent
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. John Neff M.D.

Address

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	19th april 875
4. Place of Birth (Street and Number)	144 centre av.
5. Full Name of Mother	Lisi Vogt
6. Mother's Maiden Name	" Sommüller
7. Mother's Birthplace	" Baltimore
8. Full Name of Father	Caught. Vogt
9. Father's Occupation	Bäcker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carlen
Address	527 E. Lombard st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24.40

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th 1875
4. Place of Birth (Street and Number)	260 E. Baltimore St.
5. Full Name of Mother	Clara B. Shelkeld
6. Mother's Maiden Name	Clara B. Boyd
7. Mother's Birthplace	Maryland
8. Full Name of Father	William J. Shelkeld
9. Father's Occupation	Farmer
10. Father's Birthplace	Kentucky
Name of Medical Attendant, or other Person who makes this Return.	S. N. Hench M.D.
Address	75 E. Baltimore St.
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 19th
4. Place of Birth (Street and Number)	56 Howard St
5. Full Name of Mother	Elizabeth Brauer
6. Mother's Maiden Name	Bub
7. Mother's Birthplace	Baiern
8. Full Name of Father	Henry Brauer
9. Father's Occupation	Taylor
10. Father's Birthplace	Fürstenthum Waldeck
Name of Medical Attendant, or other Person who makes this Return.	Mary Howard
Address	328 S Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21117

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 19th 1875
4. Place of Birth (Street and Number)	Brooks 21 corner of Shields alley (Not No)
5. Full Name of Mother	Sarah E. Mallalieu
6. Mother's Maiden Name	Sarah E. Sneed
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Edward Mallalieu
9 Father's Occupation	Paper Stone
10. Father's Birthplace	Carroll Co Md
Name of Medical Attendant, or other Person who makes this Return.	W. E. Gibbons M. D.
Address	47 Edmondson av
Remarks	Small sweak when born

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2443

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
28
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* April 9th 1875

4. *Place of Birth (Street and Number)* No. 10 Brook St.

5. *Full Name of Mother* Sarah Elizabeth Wilson

6. *Mother's Maiden Name* Sarah Elizabeth Sanders

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Peter Thomas Wilson

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. L. Watkins M.D.

Address 9 So. Broadway

Remarks

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2444

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colord

3. Date of Birth April 20.18.75

4. Place of Birth (Street and Number) Meeldry Hill

5. Full Name of Mother Anny Colman

6. Mother's Maiden Name Do

7. Mother's Birthplace Dorchester County Md.

8. Full Name of Father unnoen

9. Father's Occupation Cant say

10. Father's Birthplace Cant say

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 register St Baltimore Md.

Remarks It is a fine looking Child in a good Condition I think [illegible] card [illegible]

2445

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 20th 1875.
4. Place of Birth (Street and Number) 135 east Baltimore st. Balti
5. Full Name of Mother Lenina Wade
6. Mother's Maiden Name Lenina Burrows
7. Mother's Birthplace Baltimore M. D.
8. Full Name of Father Thomas Jefferson Wade
9. Father's Occupation Farmer
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Jane Wiener

Address 136 McHenry st Baltimore M. D.

Remarks Mother and child are getting along fr

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 20. 1875
4. Place of Birth (Street and Number) Parkin St No 120
5. Full Name of Mother Annie Magruder
6. Mother's Maiden Name Annie Watts
7. Mother's Birthplace Abington Harp Co
8. Full Name of Father Fred G. Magruder
9. Father's Occupation Confectioner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address

Remarks No 58 W Carrollton Ave

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2447

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT ADR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 20th 1875.
4. Place of Birth (Street and Number) 231. Battery Av.
5. Full Name of Mother Anne ~~Clark~~ Monaghan.
6. Mother's Maiden Name Anne Clark
7. Mother's Birthplace County meath Ireland
8. Full Name of Father Lawrence Monaghan
9. Father's Occupation Labor
10. Father's Birthplace County meath, Ireland

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address 114 Battery Av.

Remarks

2448

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 8.d

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth April the 20th 1875
4. Place of Birth (Street and Number) 220 S. Caroline Street
5. Full Name of Mother Louise Klüger
6. Mother's Maiden Name Louise Hoffman
7. Mother's Birthplace Germany
8. Full Name of Father Louis Klüger
9. Father's Occupation Tavern
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Barbara Reisz

Address No 40 E Fayette Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	20 of April.
4. *Place of Birth (Street and Number)*	No. B 41. Sharpe St.
5. *Full Name of Mother*	Catharine Stener.
6. *Mother's Maiden Name*	Catharine Branford
7. *Mother's Birthplace*	Montgomery county Md.
8. *Full Name of Father*	Charles Stremma.
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Frederick County
Name of Medical Attendant, or other Person who makes this Return.	Mary Mealer
Address	West St. No. 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2450

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	20th April
4. Place of Birth (Street and Number)	94 S. Bond St.
5. Full Name of Mother	Emily Klausmeyer
6. Mother's Maiden Name	" Houbern
7. Mother's Birthplace	Germanny
8. Full Name of Father	Victor Klausmeyer
9. Father's Occupation	Insurance Agent
10. Father's Birthplace	Germanny
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, ite or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2451

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 20th 1875
4. Place of Birth (Street and Number) 487 West Pratt St Balt Maryland
5. Full Name of Mother Mary Howard
6. Mother's Maiden Name Mary Drischman
7. Mother's Birthplace Germeney
8. Full Name of Father William Howard
9. Father's Occupation Laborer
10. Father's Birthplace Washington Countey State of Maryland

Name of Medical Attendant, or other Person who makes this Return. Catharine Paulsen

Address West Pratt St 437.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2432

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	only one
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Tuesday April 20th 1875
4. Place of Birth (Street and Number)	North Street Baltimore
5. Full Name of Mother	Martha Winn
6. Mother's Maiden Name	Martha Weekly
7. Mother's Birthplace	Eston Penn
8. Full Name of Father	Charles Edward Winn
9. Father's Occupation	Mechanic
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophie Hince
Address	135 Chestnut St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2453

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth April 20 1875
4. Place of Birth (Street and Number) 201 N Gay St
5. Full Name of Mother Retti Kaufmann
6. Mother's Maiden Name Retti Harris
7. Mother's Birthplace Leitershausen Bairn
8. Full Name of Father Louis Kaufmann
9. Father's Occupation Cheese Store N 201 N Gay & Coner St
10. Father's Birthplace Raboldshausen Hessenn

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Schultz

Address 174 Orleans St

Remarks

Extract Regulations of the Board of Health to secure a fuller and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2454

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 20 1875
4. Place of Birth (Street and Number)	266 E. Biddle St.
5. Full Name of Mother	Sarah M. James
6. Mother's Maiden Name	Sarah M. Russell
7. Mother's Birthplace	Rochester N. Y.
8. Full Name of Father	Rich[d] H. James.
9. Father's Occupation	Clerk.
10. Father's Birthplace	England.
Name of Medical Attendant, or other Person who makes this Return.	Jn[o] F. Powell M. D.
Address	72 E. Pratt St.
Remarks	Duration of Labor 10 hours.

Extract from Regulations of the Board of Health relative to securing a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

24-55

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female Ellenore Dorothea [illegible]
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 20th
4. *Place of Birth (Street and Number)* No. 15 Wash. St
5. *Full Name of Mother* Dorothea Schalotte, Edel
6. *Mother's Maiden Name* Schulze
7. *Mother's Birthplace* Leilenau (Proving Hanover)
8. *Full Name of Father* Henry Fredrick Schulze
9. *Father's Occupation* No. 15 N. Sharp St (Boemaker)
10. *Father's Birthplace* Leilenau (Proving Hanover)

Name of Medical Attendant, or other Person who makes this Return. Margelane Sommerfeld

Address No. 28 Pearl St Hanover

Remarks Child is well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2456

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 20th
4. Place of Birth (Street and Number)	Baltimore South
5. Full Name of Mother	Sylia Kenny
6. Mother's Maiden Name	Julia Keaffany
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Kenny
9. Father's Occupation	Laighor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 38 Parkin st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

2457

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) "Colored"

Date of Birth April 25th

Place of Birth (Street and Number) No 5 Ex alley

Full Name of Mother Letycia Bevan

Mother's Maiden Name Letycia Scott

Mother's Birthplace Mississippi

Full Name of Father Albert Bevan

Father's Occupation Coachman

Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. J. C. Buck M D

Address 141 Hanover St

Remarks

This was a Case of instrumental labor

RETURN OF A BIRTH.

21458

HEALTH DEPARTMENT APR 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 20th 1875
4. Place of Birth (Street and Number)	Shroder st No. 61
5. Full Name of Mother	Mary Lowt
6. Mother's Maiden Name	Mary Lowry
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Lowt
9. Father's Occupation	Laybor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 8 Parkin st
Remarks	

rect Record of Vital Statistics ... ...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21139

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 20th 1875
4. *Place of Birth (Street and Number)* 44 Whitecar St
5. *Full Name of Mother* Sarah Virginia Thomas
6. *Mother's Maiden Name* Tieber
7. *Mother's Birthplace* Leesburg Va
8. *Full Name of Father* Albert C Thomas
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. Elias C Price M.D.

Address 110 N Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2160

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* April 21st 1875

4. *Place of Birth* (Street and Number) Cor. Edmondson Ave & Carey St.

5. *Full Name of Mother* Mary Durand

6. *Mother's Maiden Name* Mary Plummer

7. *Mother's Birthplace* Franklin Pa.

8. *Full Name of Father* H. A. Durand

9. *Father's Occupation* Superintendent of Pullman Cars

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. S. W. Miltenberger

Address 121 W. Mulberry St

Remarks

RETURN OF A BIRTH.

2461

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Wednesday April 21st
4. *Place of Birth (Street and Number)* No 140 S. Howard st
5. *Full Name of Mother* Lucinda Fisher
6. *Mother's Maiden Name* Lucinda Binder
7. *Mother's Birthplace* Rostock Mecklenburg-Schwerien Ger Emp
8. *Full Name of Father* John Fisher
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Miss. M. Strong

Remarks No 32. Lieden hall St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2462

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First —

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 21st 1875
4. *Place of Birth (Street and Number)* 24 S. High Balt.
5. *Full Name of Mother* Anna Lynch
6. *Mother's Maiden Name* Anna McAfferty
7. *Mother's Birthplace* Dunnegal Co. Ireland
8. *Full Name of Father* James Lynch
9. *Father's Occupation* Day Laborer
10. *Father's Birthplace* Dunnegal Co. Ireland

Name of Medical Attendant, or other Person who makes this Return. Ewin L. Jones M.D.

Address 67 E. Balt. St. Balt.

Remarks (formerly 16 Bisquit St.)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2463

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Mother

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Col.
3. *Date of Birth* 21. April 1875
4. *Place of Birth (Street and Number)* N: 70 Myrtle Ave.
5. *Full Name of Mother* Rachel Anne Parker
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Charles B. Parker
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. J. A. Morris

Address Cor. Myrtle Ave & Mulberry st

Remarks

2464

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 22nd 1875

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 21st 1875
4. Place of Birth (Street and Number) No 533 S. Madeira Alley
5. Full Name of Mother Franziska Schaefer
6. Mother's Maiden Name Franziska Sommer
7. Mother's Birthplace Germania
8. Full Name of Father Martin Schaefer
9. Father's Occupation Baker
10. Father's Birthplace Germana

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2465

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 28 1975
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First { 1st " }
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 21st 1875
4. Place of Birth (Street and Number)	340 N Chappel St
5. Full Name of Mother	Alice Miller
6. Mother's Maiden Name	do " do "
7. Mother's Birthplace	York County Pa.
8. Full Name of Father	Unknowen
9. Father's Occupation	"
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Ann. R. Lloyd
Address	340 N Chappel St "
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2466

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex* (state whether Male or Female)	M
2. *Race or Color* (if not of the white race)	W
3. *Date of Birth*	April 21, 1875
4. *Place of Birth* (Street and Number)	349 E Baltimore St
5. *Full Name of Mother*	Mrs. Kemp
6. *Mother's Maiden Name*	Dorsey
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Simon S. Kemp
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Richard McSherry M.D
Address	187 N Howard St Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born at his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2467

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 21st 1875
4. *Place of Birth (Street and Number)* Jefferson St. No. 251
5. *Full Name of Mother* Emilie Planther
6. *Mother's Maiden Name* Emilie Zobel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Planther
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Siegholz Furst. Lippe Detmold Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2468

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 21st 1875
4. Place of Birth (Street and Number)	No. 19 Warren St
5. Full Name of Mother	Mary A Benner
6. Mother's Maiden Name	Mary A. Brownley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Albert J. Benner
9. Father's Occupation	Mariner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M D
Address	17 Warren St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apl 21/75
4. Place of Birth (Street and Number)	478 Eutaw Place
5. Full Name of Mother	Emma Margaret Stine
6. Mother's Maiden Name	Herman
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Thomas Stewart Stine
9. Father's Occupation	Merchant Tailor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	W. T. Howard M. D.
Address	181 Madison Ave Baltimore Md.
Remarks	Natural labor, Vertex presentation, 1st position; considerable ante-partum hemorrhage; duration of labor ten hours.

RETURN OF A BIRTH.

1470

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) Colored.
3. Date of Birth April 21st 1875
4. Place of Birth (Street and Number) No. 10 Wilmore Alley.
5. Full Name of Mother Mary E. Taylor
6. Mother's Maiden Name Mary E. Robinson.
7. Mother's Birthplace Baltimore
8. Full Name of Father George W. Taylor
9. Father's Occupation Coachman
10. Father's Birthplace Westmoreland Co. Va.

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2471

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	(Twins) Male & Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	21st of April.
4. Place of Birth (Street and Number)	N. E. Cor Eutaw & Mulberry Sts
5. Full Name of Mother	Mary Hucht.
6. Mother's Maiden Name	Mary Gluckstein
7. Mother's Birthplace	Bayern
8. Full Name of Father	Casper Hucht. (Deceased)
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Hannover.
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner.
Address	No 75 S. Monroe St.
Remarks	

RETURN OF A BIRTH.

21-72

HEALTH DEPARTMENT APR 27 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Born
1. Sex (state whether Male or Female)	Female. — Female —
2. Race or Color (if not of the white race)	
3. Date of Birth	April 21st 1875. — April 21st
4. Place of Birth (Street and Number)	[illegible] No. 16 Diamond St
5. Full Name of Mother	Mary B. Gallagher
6. Mother's Maiden Name	Mary B. Louisiana
7. Mother's Birthplace	Baltimore Md. —
8. Full Name of Father	Thos. F. Gallagher
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm. Sidney
Address	No. 1 So. the Board of Health of Baltimore City
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2479

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 22 cd. 1875.
4. Place of Birth (Street and Number)	No 211 N. Central Aven. Balto.
5. Full Name of Mother	Elizabeth Foelkel
6. Mother's Maiden Name	Elizabeth Potzler.
7. Mother's Birthplace	Bavaria Germany.
8. Full Name of Father	G. F. F. Foelkel
9. Father's Occupation	Taylor.
10. Father's Birthplace	Bavaria Germany.
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt.
Address	No 209 Monument St. Corner Central Avenue.
Remarks	Both Well

2474

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female Ella May Hines

2. Race or Color (if not of the white race) White

3. Date of Birth April 22d 75

4. Place of Birth (Street and Number) 154 S Paca St

5. Full Name of Mother Kate Hines

6. Mother's Maiden Name Chelke

7. Mother's Birthplace Germany

8. Full Name of Father Charles Edward Hines

9. Father's Occupation Merchant

10. Father's Birthplace B City

Name of Medical Attendant, or other Person who makes this Return. J. S. Henney

Address 76 S Paca St

Remarks Full name of child added by father when obtaining a transcript. Charles E Hines Father

1-10-53. [illegible], clerk.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

Twins 2475
2476

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th & 11th

1. Sex (state whether Male or Female) twins Female
2. Race or Color (if not of the white race)
3. Date of Birth April. 22st
4. Place of Birth (Street and Number) No. 28 Spring St
5. Full Name of Mother Josephine Wyman
6. Mother's Maiden Name Josephine Bishop
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Wyman
9. Father's Occupation ~~Baltimore City~~ Coach Finisher
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Allwell

Address 279 McDonogh st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24-77

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15th.

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* April 22, 1875.

4. *Place of Birth (Street and Number)* 415 Alice Anna St.

5. *Full Name of Mother* Elizabeth Dietrich

6. *Mother's Maiden Name* E. Jung

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Franz Dietrich

9. *Father's Occupation* laborer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M. D.

Address 94 S. Broadway

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2478

HEALTH DEPARTMENT APR 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex* (state whether Male or Female) male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* April 22nd. 1875

4. *Place of Birth* (Street and Number) 415 Alice Anna St.

5. *Full Name of Mother* Elizabeth Dietrich

6. *Mother's Maiden Name* Elizabeth Jung

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Franz Dietrich

9. *Father's Occupation* laborer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M.D.

Address 94 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2479

2479

HEALTH DEPARTMENT APR 26 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Apr 22nd 1875
4. Place of Birth (Street and Number) 35 Lemmon St Balt Md
5. Full Name of Mother Laura Underwiden
6. Mother's Maiden Name Laura Bennet
7. Mother's Birthplace St Mary's Co Md
8. Full Name of Father Charles H Underwiden
9. Father's Occupation Gas Fitter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm D F Larkin Md

Address No 648 W Lombard St

Remarks Labour Natural, Condition of Child, Normal.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21180

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 end of April 1875
4. Place of Birth (Street and Number)	No 335 Hamburg st.
5. Full Name of Mother	Elise Kehn.
6. Mother's Maiden Name	Gleser
7. Mother's Birthplace	America
8. Full Name of Father	Adam Kehn.
9. Father's Occupation	Schoemaker.
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	No 213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2481

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex (state whether Male or Female) Femal

2. Race or Color (if not of the white race) White race.

3. Date of Birth 24 of April.

4. Place of Birth (Street and Number) No 33 Biddle Aly.

5. Full Name of Mother Mary Dahl.

6. Mother's Maiden Name Mary Ginten

7. Mother's Birthplace born in Baltimor.

8. Full Name of Father Jacob Dahl.

9. Father's Occupation Labrer work.

10. Father's Birthplace born in Germy

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Engeldinger

Address No 14 Union Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2482

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	April 22nd 1875
4. Place of Birth (Street and Number)	69 Plum Alley
5. Full Name of Mother	Lizzie Langley
6. Mother's Maiden Name	Lizzie Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Langley
9. Father's Occupation	Brickmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke
Address	Cor Lee & Hanover Sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2483

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth 22 April
4. Place of Birth (Street and Number) 13 Vain St
5. Full Name of Mother Harit Scot
6. Mother's Maiden Name Hart Brien
7. Mother's Birthplace Baltimore
8. Full Name of Father Tom Scot
9. Father's Occupation Brick Maker
10. Father's Birthplace Jonston St Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Mrs Mary A Dorsey

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2484

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 22nd 1875
4. Place of Birth (Street and Number)	No 42 Biddle St east of Gay near Wolfe
5. Full Name of Mother	Sophia D. Worthington
6. Mother's Maiden Name	" " Walstrom
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas Mussy Worthington
9. Father's Occupation	Chain Finisher
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Walter H. White, M.D.
Address	No 350 N. Broadway
Remarks	Condition of Child good.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2485

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* 22 April

4. *Place of Birth* (Street and Number) 140 N Paca Street

5. *Full Name of Mother* Harriet Price

6. *Mother's Maiden Name* Harriet Price

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Thomas Price

9. *Father's Occupation* Brickmaker

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Price

Address 140 N Paca Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	(6th) Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 22/75
4. Place of Birth (Street and Number)	No 479 W. Balto St
5. Full Name of Mother	Sarah Ann Baker
6. Mother's Maiden Name	Sarah Ann Norville
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. J. Baker
9. Father's Occupation	Hardware Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Atwell
Address	279 McLeogh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2487

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 22nd 1875
4. Place of Birth (Street and Number)	Ramsy st Baltimore
5. Full Name of Mother	Mary Shaw
6. Mother's Maiden Name	Mary Williams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Shaw
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Mitchell
Address	No 58 Parkers st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2488

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 22 1875
4. Place of Birth (Street and Number)	23 Franklin St Balto Md
5. Full Name of Mother	Mary Birch
6. Mother's Maiden Name	Mary Patterson
7. Mother's Birthplace	No 81 St Paul's Balto
8. Full Name of Father	John L Birch
9. Father's Occupation	Manufacturer
10. Father's Birthplace	Balto city Md
Name of Medical Attendant, or other Person who makes this Return.	J H Patterson M D
Address	No 23 Franklin St Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2489

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
28
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22d April
4. Place of Birth (Street and Number)	185 Patterson Park Ave
5. Full Name of Mother	Matilda Kinney
6. Mother's Maiden Name	Matilda Hoff
7. Mother's Birthplace	Germany
8. Full Name of Father	Jas K. Polk Kinney
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wild
Address	No 12 Paterson Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2490

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 22
4. Place of Birth (Street and Number)	Ann st 213
5. Full Name of Mother	Mary A German
6. Mother's Maiden Name	Mary Ann Roten
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	Michael P German
9. Father's Occupation	Tanner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Brendel
Address	No 208 South Bond Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2491

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9d.

1. *Sex (state whether Male or Female)* Weiblich.
2. *Race or Color (if not of the white race)* mulatto.
3. *Date of Birth* d. 23. April 1875.
4. *Place of Birth (Street and Number)* Canton. 120 Curly Street.
5. *Full Name of Mother* Katharina Kimmerly
6. *Mother's Maiden Name* Töpfner.
7. *Mother's Birthplace* Baiern.
8. *Full Name of Father* Heinrich Kimmerly
9. *Father's Occupation* Küfer.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Kimmen.

Address 118 Curly Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2492

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 22d of April
4. Place of Birth (Street and Number) 103. Parken str
5. Full Name of Mother Anna Ressanek
6. Mother's Maiden Name Anna Kuise
7. Mother's Birthplace Janovite Bohemea
8. Full Name of Father Chr. Ressanek
9. Father's Occupation Taylor
10. Father's Birthplace Janovite Bohemea

Name of Medical Attendant, or other Person who makes this Return. Anna Dunler

Address No 60 North Schroeder

Remarks

Extract Regulations of the Board of Health to Secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth the 22d April 1875
4. Place of Birth (Street and Number) 379 Mt. Lexington st
5. Full Name of Mother Anna Magneth Briel
6. Mother's Maiden Name " " Radecke
7. Mother's Birthplace Baltimore
8. Full Name of Father George Martin Briel
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Dumler

Address No 60 Schooter St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2494

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 P.M. 23d 1875
4. Place of Birth (Street and Number)	36 South St.
5. Full Name of Mother	Margaret Martin
6. Mother's Maiden Name	Margaret Ferguson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Stephen Martin
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W Raley
Address	47 Lexington St
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2495

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth April 23 1875.

4. Place of Birth (Street and Number) 6 Henry Street.

5. Full Name of Mother Emma ~~Rohlader~~ Rohlader

6. Mother's Maiden Name Emma Kolsher

7. Mother's Birthplace Germany

8. Full Name of Father Louis Rohlader

9. Father's Occupation Labor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address 114 Battery Av.

Remarks

2496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro

3. Date of Birth April 23. 1875

4. Place of Birth (Street and Number) Pattisons Lane near Pa. Av

5. Full Name of Mother Emily Boston

6. Mother's Maiden Name " Hanis

7. Mother's Birthplace Annapolis Md

8. Full Name of Father John H. Boston.

9. Father's Occupation Wagoner

10. Father's Birthplace Annapolis

Name of Medical Attendant, or other Person who makes this Return. A. Tinsley M.D.

Address 454. N. Caroline St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 23rd 1875

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 23rd 1875
4. Place of Birth (Street and Number) Clinton Street near Third ave.
5. Full Name of Mother Mary Thorn
6. Mother's Maiden Name Mary Rapp
7. Mother's Birthplace America
8. Full Name of Father Charles Thorn
9. Father's Occupation Brick Moulder
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend

Address No 137 S. Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	23rd april 1875
4. Place of Birth (Street and Number)	9th front st.
5. Full Name of Mother	Maria Cohen Davis
6. Mother's Maiden Name	
7. Mother's Birthplace	Russia
8. Full Name of Father	Moritz Cohen
9. Father's Occupation	Tayloring
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Louis Casper
Address	52 E. Lombard st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2499

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11st Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 23rd 1875
4. *Place of Birth* (Street and Number) N. Spring St. No 21.
5. *Full Name of Mother* Amalia Belle
6. *Mother's Maiden Name* Amalie Bastian
7. *Mother's Birthplace* Steinaele Kry Braunschweig Germany
8. *Full Name of Father* Franz Belle.
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Melkensen N. Preussen, Germany

Name of Medical Attendant or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2.509

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 30 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth (5)
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 23, 1875.
4. Place of Birth (Street and Number)	N. 181. Edmondson Avenue
5. Full Name of Mother	Louisa Amalie Dambmann
6. Mother's Maiden Name	Louisa Amelie Ritter
7. Mother's Birthplace	Altenburg Germany
8. Full Name of Father	Gustavus Fr. Ph. Dambmann
9. Father's Occupation	Manufacturer of Chemicals
10. Father's Birthplace	Wiesbaden Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No. 208 South Bond Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2501

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 23 1875
4. *Place of Birth (Street and Number)* Baltimore Md Holt St 188
5. *Full Name of Mother* Lucindia Watts
6. *Mother's Maiden Name* Lucindia Taylor
7. *Mother's Birthplace* York County Pa
8. *Full Name of Father* Sabrett Watts
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Amanda Maxine

Address 327 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d. Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	23d of April 1875
4. Place of Birth (Street and Number)	No 5 Ree st.
5. Full Name of Mother	Mary Wieland
6. Mother's Maiden Name	Simmers.
7. Mother's Birthplace	America.
8. Full Name of Father	John Wieland.
9. Father's Occupation	Laborer.
10. Father's Birthplace	America.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	No 213 Cross st.
Remarks	

2503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* April 23 1875
4. *Place of Birth (Street and Number)* Baltimore & Spring St.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Lavinia Johnson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robbert Washington
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J E Thatz

Address 211 Aisquith St Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2504

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 23. 1875
4. Place of Birth (Street and Number)	64 N. Caroline St
5. Full Name of Mother	Ellen Jackson
6. Mother's Maiden Name	Ellen Williams
7. Mother's Birthplace	Maryland
8. Full Name of Father	Samuel J. Jackson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	J. W. Henck M.D.
Address	75 E. Balto St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2543

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th Child.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* April 23rd 1875.
4. *Place of Birth (Street and Number)* 170 Leadenhall St.
5. *Full Name of Mother* Felinia Kollenbacke—.
6. *Mother's Maiden Name* " Applegate.
7. *Mother's Birthplace* New Jersey
8. *Full Name of Father* Fred. Kollenbacke.
9. *Father's Occupation* Glass Blower.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall, M.D.

Address 15 S. Sharp St.

Remarks Child living & healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden-name of the mother of such child or children.

2506

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 23 1875
4. Place of Birth (Street and Number) 52 So. Durham St.
5. Full Name of Mother Elizabeth Hoon
6. Mother's Maiden Name Elizabeth Lauer
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Hoon
9. Father's Occupation House Cabinet
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. L. L. Wilkins M.D.

Address 63 So. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2507
a-2507½

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eduard and Mgry Dennis had

1. Sex (state whether Male or Female) Born to then Apirl the 1st in the
2. Race or Color (if not of the white race) heai of 1875 a Male Child Coalard
3. Date of Birth St Liren Know 252 west Raburg Street
4. Place of Birth (Street and Number) Balting Md was Born
5. Full Name of Mother Eduard and Mg Dennis in Summer Lot
6. Mother's Maiden Name Countey Mid wife Schirlata nonse
7. Mother's Birthplace the port
8. Full Name of Father Sarah E Stanley had Born to heair h Child
9. Father's Occupation Apirl 23 a Male Child Coalard
10. Father's Birthplace Sarah E Stanley age 20 Born in

Name of Medical Attendant, or other Person who makes this Return. the Citey of Baltimore

Address

Remarks Mid wife Chairlata nonse

Liring at 264 Raburg Street Bat

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colorid
3. Date of Birth Aprils 24 1875
4. Place of Birth (Street and Number) No 91 Marth St
5. Full Name of Mother Larrie Vinganar Bayly
6. Mother's Maiden Name Larmes Young
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William Bayly
9. Father's Occupation Waton
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeath Deale. No 6 Pleasant

Address Married

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

Twins 2509
2510

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1875 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th & 12.

1. Sex (state whether Male or Female) Males
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 24th 75
4. Place of Birth (Street and Number) Gordmans Alley No 30
5. Full Name of Mother Mary Grant
6. Mother's Maiden Name Mary Grant
7. Mother's Birthplace Anne Arundel Co. Md
8. Full Name of Father Richard Grant
9. Father's Occupation Lowman
10. Father's Birthplace Talbot Co.

Name of Medical Attendant, or other Person who makes this Return. Sarah A. J. E. Grant

Address 224 Hughes Street

Remarks Lived only one day

RETURN OF A BIRTH.

2511

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

Name: Annie Hoyle Sanford

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 1st 1875
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* Mrs Sanford
6. *Mother's Maiden Name* Mrs [illegible]
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Sanford
9. *Father's Occupation* Physician
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2512

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th 1875
4. Place of Birth (Street and Number)	71 Sharp st
5. Full Name of Mother	Delia Sauk
6. Mother's Maiden Name	" Yonse
7. Mother's Birthplace	Germany
8. Full Name of Father	Andre Sauk
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore City -
Name of Medical Attendant, or other Person who makes this Return.	J Harvey Hill MD.
Address	90 Hanover st -
Remarks	

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 8. 1875
4. Place of Birth (Street and Number)	246 Franklin Street
5. Full Name of Mother	
6. Mother's Maiden Name	
7. Mother's Birthplace	Balt. City
8. Full Name of Father	George Dibrasky
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer M.D.
Address	201 N. Biddle St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2514

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 12. 1875
4. Place of Birth (Street and Number)	No 323 Orleans St.
5. Full Name of Mother	Margaret E. L. Laing
6. Mother's Maiden Name	M. E. L. Ellerthorpe
7. Mother's Birthplace	England
8. Full Name of Father	Charles E. Laing
9. Father's Occupation	Clerk
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Mahony Brewer M.D
Address	201 W. Biddle St.
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2515

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	13 April 1875
4. Place of Birth (Street and Number)	Chapel Street
5. Full Name of Mother	Julia Donovan
6. Mother's Maiden Name	Julia Griffin
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Donovan
9 Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer MD
Address	201 Biddle Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2. Th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 23. 19.
4. Place of Birth (Street and Number)	28 Eden. St
5. Full Name of Mother	Carrie Sommers
6. Mother's Maiden Name	Belz
7. Mother's Birthplace	Newyork
8. Full Name of Father	Charles Sommers
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120. Bank. St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2517

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 24th April 1875

4. Place of Birth (Street and Number) 12 Gough St.

5. Full Name of Mother Susan Elder Gibbons

6. Mother's Maiden Name Susan E. Kenney

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father John Thomas Gibbons

9. Father's Occupation Sail Maker

10. Father's Birthplace Somerset County Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2518

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th Apl 1875
4. Place of Birth (Street and Number)	120 Bolton Street
5. Full Name of Mother	Louisa H. Cowman
6. Mother's Maiden Name	Louisa H. Stewart
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Chas. H. Cowman
9. Father's Occupation	Dental Supplies
10. Father's Birthplace	Alexandria Virginia
Name of Medical Attendant, or other Person who makes this Return.	John F. Mommonier M.D.
Address	6. W. Cor. Calvert & Read on
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth April th 24 1875
4. Place of Birth (Street and Number) Biddle Street No 104
5. Full Name of Mother ~~[illegible]~~ Jane Blackwood
6. Mother's Maiden Name
7. Mother's Birthplace Born in Virginia
8. Full Name of Father Thomas Blackwood
9. Father's Occupation Hester
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester & Bailey

Address 85 Orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

reat Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2520
15

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth April 11th 1875

4. Place of Birth (Street and Number) Bacons alley No 10

5. Full Name of Mother Matilda Warfield

6. Mother's Maiden Name

7. Mother's Birthplace Fair Haven

8. Full Name of Father Edward Warfield

9. Father's Occupation Coachman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wesley A Bardley

Address 56 Orchard Street

Remarks

2521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth April 24th 1875
4. Place of Birth (Street and Number) 14 Short St.
5. Full Name of Mother Emma Lee
6. Mother's Maiden Name Emma Kobourn.
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Chas. Lee.
9. Father's Occupation Porter.
10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville, Rusk Md.

Address Balt. Washington, St.

Remarks Natural.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2592

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 24th 1875
4. *Place of Birth* (Street and Number) 265 Lexington Balte
5. *Full Name of Mother* Elizabeth R. Richardson
6. *Mother's Maiden Name* Elizabeth R. Davis
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Alvin L. Richardson
9. *Father's Occupation* Dentist
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Wm H Davis M.D

Address

Remarks

2523

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr 20th 1875
4. *Place of Birth (Street and Number)* 354 McHenry st
5. *Full Name of Mother* Lena Schreyer
6. *Mother's Maiden Name* Eidmann
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Leonard Schreyer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Penn.

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Dare M.D.

Address 91 Frederick Ave

Remarks Dilatory labor Delivered with Forceps

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2524

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 23d 1875
4. *Place of Birth (Street and Number)* No 35 Gay st
5. *Full Name of Mother* Elizabeth Chaffinch
6. *Mother's Maiden Name* Elizabeth Bostwick
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Saml Chaffinch
9. *Father's Occupation* Cigar manufactor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hina Hillegeist

Address No 151 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24th April 1875
4. Place of Birth (Street and Number) 180 Front St Baltimore City
5. Full Name of Mother Ann Burns Burns
6. Mother's Maiden Name Ann Flanegin
7. Mother's Birthplace Ireland
8. Full Name of Father James Burnes
9. Father's Occupation Labourer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula Chrismer

Address No 129 E. Monument St.

Remarks Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the ninth

1. *Sex* (state whether Male or Female) Female healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* the 14 th of April 1875
4. *Place of Birth* (Street and Number) 845 west Pratt St. Balto.
5. *Full Name of Mother* Annie Blankner
6. *Mother's Maiden Name* Annie Stoll
7. *Mother's Birthplace* Gothingel Germany
8. *Full Name of Father* John Blankner
9. *Father's Occupation* Confesioner
10. *Father's Birthplace* Königsberg Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 57 mallwood Street Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2327

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Girl
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 of April
4. Place of Birth (Street and Number)	No 182 Allen St.
5. Full Name of Mother	Poline Margaretha Kramer
6. Mother's Maiden Name	Fecke
7. Mother's Birthplace	Germany
8. Full Name of Father	John Kramer
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs H. Gerbke
Address	No 55 Bond St
Remarks	Have moved to No 55 S. Bond St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2528

HEALTH DEPARTMENT
MAY 4 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth April the 19. 1875

4. Place of Birth (Street and Number) Baltimore Balton Cor St No 11 Stonet Ally

5. Full Name of Mother lucy West

6. Mother's Maiden Name lucy Myers

7. Mother's Birthplace Richmond Va

8. Full Name of Father Edward West

9. Father's Occupation draymam

10. Father's Birthplace Annapolis

Name of Medical Attendant, or other Person who makes this Return. Hester A Bordly

Address No 85 orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24th
4. Place of Birth (Street and Number)	303 W. Saratoga St
5. Full Name of Mother	Mary Elizabeth Romaser
6. Mother's Maiden Name	Wolfangel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John G. Romaser
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. J. Knight M.D.
Address	112 N. Greene St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fees Received by Vital Statistics of the City of Baltimore

2530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 2 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male ~~or Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 24th April

4. Place of Birth (Street and Number) 664 W. Fayette Street

5. Full Name of Mother Rebecca Ball Colbert

6. Mother's Maiden Name Rebecca Ball

7. Mother's Birthplace Baltimore city

8. Full Name of Father Vaughn Smith Colbert

9. Father's Occupation Pork Merchant

10. Father's Birthplace Eastern Shore Maryland

Name of Medical Attendant, or other Person who makes this Return. H. P. O. Wilson

Address

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24. 1875
4. Place of Birth (Street and Number)	13 Loyd St.
5. Full Name of Mother	Mary Josephine Ewalt.
6. Mother's Maiden Name	Mary Josephine Smith.
7. Mother's Birthplace	Maryland
8. Full Name of Father	George Ewalt.
9. Father's Occupation	Upholsterer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hinck
Address	75 E. Balt. St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2532

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 white name John francis holden

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 25
4. *Place of Birth* (Street and Number) State st between mulberry st and saratoga st no 4
5. *Full Name of Mother* Louisie Handy Holden
6. *Mother's Maiden Name* Louisie Handy
7. *Mother's Birthplace* Eastern Shore Maryland Dentown
8. *Full Name of Father* John francis Holden
9. *Father's Occupation* Grain runer
10. *Father's Birthplace* Baltimoe

Name of Medical Attendant, or other Person who makes this Return. Horiet Wilmore

Address no 4 State st Court nese mulberry st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1st

1. *Sex (state whether Male or Female)* Male healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 25th of April 1875
4. *Place of Birth (Street and Number)* No. 890 Monroe St. Balte.
5. *Full Name of Mother* Maggie Wehrheim
6. *Mother's Maiden Name* Maggie Reis
7. *Mother's Birthplace* City of Baltimore
8. *Full Name of Father* Ph. Wehrheim
9. *Father's Occupation* Tinner and Plummer
10. *Father's Birthplace* City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hiller

Address 37 Smallwood St. Baltimore

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2534

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)		Male 11 Child	
1. Sex (state whether Male or Female)		Male	
2. Race or Color (if not of the white race)		Mulatto	
3. Date of Birth		25 day of April	
4. Place of Birth (Street and Number)		Durham No. 62	
5. Full Name of Mother	Fraxy	Smith	Long
6. Mother's Maiden Name	Fraxy	Smith	Lanky
7. Mother's Birthplace	Somerset	County	
8. Full Name of Father	George	Washington	Long
9. Father's Occupation		Late Carey	
10. Father's Birthplace	Somerset	County	
Name of Medical Attendant, or other Person who makes this Return.		Rosell Williams	
Address		70 Chestnut	Street
Remarks	Mother	Child doing	Well

2535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 25th 1875
4. *Place of Birth (Street and Number)* Courtland St. No 70
5. *Full Name of Mother* Sarah Eliza Williams
6. *Mother's Maiden Name* " " Ewell
7. *Mother's Birthplace* Houston Texas
8. *Full Name of Father* Richd Douglas Williams
9. *Father's Occupation* Examiner, United States Patent Office.
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Wimmenberger

Address No 23 Liberty St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2536

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 25th 1875
4. *Place of Birth* (Street and Number) No 244 N. Central avenue Baltimore Md.
5. *Full Name of Mother* Caroline Overmann
6. *Mother's Maiden Name* Caroline Meyer
7. *Mother's Birthplace* Herzogthum Oldenburg
8. *Full Name of Father* Frances Overmann
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Herzogthum. Oldenburg.

Name of Medical Attendant, or other Person who makes this Return. Jos M. A Butt

Address No 209 Monument St. Cor. of Central Avenue Balto. Md.

Remarks

2537

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 25th 75
4. Place of Birth (Street and Number)	15 Dearing Alley
5. Full Name of Mother	Lizzie Cole
6. Mother's Maiden Name	Not married
7. Mother's Birthplace	St Mary's Co Md
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Ann her + mark Duffy
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 [redacted]

1. *Sex (state whether Male or Female)* Boy Child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 25
4. *Place of Birth (Street and Number)* King street ~~[illegible]~~ 173
5. *Full Name of Mother* Eliza Gutter
6. *Mother's Maiden Name* Eliza Brown
7. *Mother's Birthplace* Anne Arundel
8. *Full Name of Father* Washington Gutter
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Calvert County

Name of Medical Attendant, or other Person who makes this Return. Catharine Gawyer

Address 214 Dover St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Coldered
3. *Date of Birth* April 25th
4. *Place of Birth (Street and Number)* Welcome Ally Northwest
5. *Full Name of Mother* Susan A Johnson
6. *Mother's Maiden Name* do do
7. *Mother's Birthplace* Dorchester Co Md
8. *Full Name of Father* Mr Carr
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Johnson

Address 220 West Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 "
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	"
3. Date of Birth	25 " april 875
4. Place of Birth (Street and Number)	14 President st.
5. Full Name of Mother	Rosa White
6. Mother's Maiden Name	" Urberg
7. Mother's Birthplace	Germany
8. Full Name of Father	Albert White
9. Father's Occupation	Laborer
10. Father's Birthplace	U. staats.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52. E. Lombard st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2541

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, [redacted])

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 25 April
4. *Place of Birth (Street and Number)* 345 Hamburg Strit
5. *Full Name of Mother* Maria Krinike
6. *Mother's Maiden Name* Maria Lang
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Schotz Krinike
9. *Father's Occupation* Bagpen Macher
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2542

RETURN OF A "BIRTH."

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) Female Child

2. Race or Color (if not of the white race) Colored

3. Date of Birth April 25th 1875

4. Place of Birth (Street and Number) Baltimore Md [illegible]

5. Full Name of Mother Mrs [illegible]

6. Mother's Maiden Name Mary Reed

7. Mother's Birthplace West Hamilton Virginia

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace West Hamilton Virginia

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2543

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 25th 1875

4. Place of Birth (Street and Number) No 290 N. Bond St

5. Full Name of Mother Sarah E. Grace

6. Mother's Maiden Name " " Kimble

7. Mother's Birthplace Baltimore City

8. Full Name of Father Aaron D. Grace

9. Father's Occupation Shoe Manufacturer

10. Father's Birthplace Talbott Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Walter W. White, M.D.

Address No 350 N. Broadway

Remarks Child well formed and in good condition

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2544

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the 25th 1875
4. *Place of Birth (Street and Number)* No 161 S. Little Green St
5. *Full Name of Mother* Annie Crough
6. *Mother's Maiden Name* Annie Perkins
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Mathew Crough
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. O. T. Cooke

Address

Remarks Lucy Sidney

No 45 [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2545

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1875
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 25th 1875
4. *Place of Birth (Street and Number)* No 8. Barnes st
5. *Full Name of Mother* Kate Hamilton
6. *Mother's Maiden Name* Kate Jan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Hamilton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Hellegeist

Address No 181 Monument st

Remarks

2546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 25. 1875
4. Place of Birth (Street and Number) 428 Lexington St
5. Full Name of Mother Mary Gainor
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas Theod. Gainor
9. Father's Occupation Clerk
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. W. M. & W. F. A. Kemp

Address 55 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2547

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	April 25th 1875
4. *Place of Birth* (Street and Number)	95 Pennsylvania Ave. Balto, Md.
5. *Full Name of Mother*	Mary Elizabeth Matthan
6. *Mother's Maiden Name*	" " Ackerman
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Henry Adolph Matthan
9 *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Anna Langler
Address	No 60 S North Schroeder
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	25th of April 1875
4. *Place of Birth* (Street and Number)	No 336 Eight st.
5. *Full Name of Mother*	Gertrude Kappauf.
6. *Mother's Maiden Name*	Fabber
7. *Mother's Birthplace*	Germana
8. *Full Name of Father*	John Kappauf.
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Germana
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25719

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 25

4. Place of Birth (Street and Number) Baltimore 46 S Broadway 1875

5. Full Name of Mother Eliza V Patterson

6. Mother's Maiden Name Eliza L Horney

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Loyd Patterson

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Amanda Maurice

Address 327 East Hammond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

2550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* April 25/75.
4. *Place of Birth (Street and Number)* 72 Holliday Street
5. *Full Name of Mother* Mary Jordan
6. *Mother's Maiden Name* Collins
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Jesse P. Gordon
9. *Father's Occupation* Physician
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W.H. Thompson M.D.

Address 41 Orchard St.

Remarks Reported by the Children's Hospital

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2557

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BIRTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 25th 1875
4. Place of Birth (Street and Number) 420 E Chase Street Balt City
5. Full Name of Mother Roberta C Roberts
6. Mother's Maiden Name Roberta C Lawrenson
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father Henry Clinton Roberts
9. Father's Occupation Steam ~~Fitter~~
10. Father's Birthplace Not Known by wife who owned question

Name of Medical Attendant, or other Person who makes this Return. J Wm Carrell M D

Address 28 S Green St Balt City Md

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 25th April 1875

4. Place of Birth (Street and Number) 159 S. Broadway

5. Full Name of Mother Lena Elliott.

6. Mother's Maiden Name Lena Ulman.

7. Mother's Birthplace Marietta Ohio.

8. Full Name of Father Frank Elliott.

9. Father's Occupation Clothier.

10. Father's Birthplace Nassau Germany.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks Israelites.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2053

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April the 25th
4. Place of Birth (Street and Number)	Baltimore. Lee Street No 128
5. Full Name of Mother	Mary Floid
6. Mother's Maiden Name	Mary Chanler
7. Mother's Birthplace	Accomac County Va "
8. Full Name of Father	James Floid
9. Father's Occupation	drives a coal cart
10. Father's Birthplace	Accomac County
Name of Medical Attendant, or other Person who makes this Return.	Mrs " Elizabeth Scarborough
Address	Number 202 South Charles Street
Remarks	

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2334

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5. th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 25. 75.
4. Place of Birth (Street and Number)	18 Eastern ave.
5. Full Name of Mother	Elise Laumann.
6. Mother's Maiden Name	Dannefelzer
7. Mother's Birthplace	Germanie
8. Full Name of Father	Adam Laumann
9. Father's Occupation	Driver
10. Father's Birthplace	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E Burdmann
Address	120 Bank. st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4. th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 25. 75.
4. Place of Birth (Street and Number)	115. Washington St.
5. Full Name of Mother	Kate Berger
6. Mother's Maiden Name	Fuhrmann.
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Berger
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Buchmann
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 the
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 25. 75.
4. Place of Birth (Street and Number)	186 Eastern ave.
5. Full Name of Mother	Matilda Fields
6. Mother's Maiden Name	= Schaub
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Georg Schaub
9. Father's Occupation	Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Buschmann
Address	120. Bank. St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2357

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) 3

1. *Sex (state whether Male or ~~Female~~)* Male
2. *Race or Color (if not of the white race)* Copper Col
3. *Date of Birth* April 25th
4. *Place of Birth (Street and Number)* Wilmer Alley No 6
5. *Full Name of Mother* Anna Johnson
6. *Mother's Maiden Name* Anna Butler
7. *Mother's Birthplace* Frederick County
8. *Full Name of Father* Joseph Johnson
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Frederick

Name of Medical Attendant, or other Person who makes this Return. H Bohn MD

Address Cor Dolphin & Robert

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2558 ~~2556~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child.

1. Sex (state whether Male or Female) Girl.
2. Race or Color (if not of the white race) white
3. Date of Birth 25. April.
4. Place of Birth (Street and Number) Jeiß Street and Number 196.
5. Full Name of Mother Barbara Hendel.
6. Mother's Maiden Name Barbara Kerset.
7. Mother's Birthplace ist geboren in Landwerg aus Bajern
8. Full Name of Father Johann Baptist Hendel
9. Father's Occupation Maurer.
10. Father's Birthplace ge. in Lug bei Landberg aus Bajern.

Name of Medical Attendant, or other Person who makes this Return. Walburga Müller

Address Stirling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2559

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 26th of April

4. Place of Birth (Street and Number) No 318 Alice Ann St

5. Full Name of Mother Sophia Rasmussen

6. Mother's Maiden Name Sophia Fisher

7. Mother's Birthplace Germany

8. Full Name of Father Peter Rasmussen

9. Father's Occupation Bookseller

10. Father's Birthplace Norway

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 35 South Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2560

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 26th 1875
4. *Place of Birth (Street and Number)* Central Ave no number
5. *Full Name of Mother* Maggie Kohlhepp
6. *Mother's Maiden Name* Maggie Kraus
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Valentine Kohlhepp
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hildegast

Address No 182 Monument St

Remarks

2561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th 1875 6½ A.M.
4. Place of Birth (Street and Number)	Balto. City Md. Argyle Av.
5. Full Name of Mother	Annie Jane Wentz
6. Mother's Maiden Name	Annie Jane Anderson
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Morris Wentz
9. Father's Occupation	Rail Rd. Clerk
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Septimus Brown
Address	No. 296 Penn. Aven. Balt. City
Remarks	Natural delivery – Mother well – Child perfect in form & features – & type of Caucasian race

2562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26th April
4. Place of Birth (Street and Number) 111 N. Gay st
5. Full Name of Mother Alice. Jane.
6. Mother's Maiden Name Leptner
7. Mother's Birthplace York. Penn.
8. Full Name of Father William. Henry. Ebough.
9. Father's Occupation Jeweler
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. S. Floyner MD

Address 129 High st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2563

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth April 26th 1875
4. Place of Birth (Street and Number) 407 E. Eager St.
5. Full Name of Mother Ann E. Hutchins
6. Mother's Maiden Name Ann E. Bennett
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Wm. H. Hutchins
9. Father's Occupation Steam Miller
10. Father's Birthplace Newburn N. C.

Name of Medical Attendant, or other Person who makes this Return. G. Glanville Lurk M.D.

Address Balt & Washington Sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth April 26. 75.
4. Place of Birth (Street and Number) 85 Cheyer St
5. Full Name of Mother Franziska Roos
6. Mother's Maiden Name = Hager
7. Mother's Birthplace Germanie
8. Full Name of Father Wilhelm Roos
9. Father's Occupation Leloror.
10. Father's Birthplace Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120. Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2565

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 26th 1875

4. Place of Birth (Street and Number) 287 Canton ave

5. Full Name of Mother Mary Myers

6. Mother's Maiden Name Mary Deal

7. Mother's Birthplace Baltimore

8. Full Name of Father August Myers

9. Father's Occupation Cigar maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Frey

Address 193 So. Chester St

Remarks Infantile Chill

2566

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	26th of April 1875
4. Place of Birth (Street and Number)	N° 356 S. Charles st.
5. Full Name of Mother	Cathern Conley.
6. Mother's Maiden Name	Farley.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	John Conley.
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohoasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) First Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 27th 1875
4. *Place of Birth (Street and Number)* No 445 Hamburg St
5. *Full Name of Mother* Mary E Harman
6. *Mother's Maiden Name* Mary E O'Grady
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George Harman
9. *Father's Occupation* Segars Manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. No Medical Attendant

Address Signed by Father —

Remarks George Harman
No 445 Hamburg St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2568

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Apr. 24 1875

4. *Place of Birth* (Street and Number) Md Lying In Asylum 165 W. Fayette

5. *Full Name of Mother* Margaret Lally

6. *Mother's Maiden Name* Margaret Shaton

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* John Lally

9. *Father's Occupation* Gardener

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. D. A. Sinclair, M.D. Res. Phys. Md Lying In Asylum

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2569

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 28 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	~~White~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr. 27th 1875
4. Place of Birth (Street and Number)	Md. Lying In Asylum, 163 W. Lombard St.
5. Full Name of Mother	Ellen Cassidy
6. Mother's Maiden Name	Ellen Buckley
7. Mother's Birthplace	Glasgow Scotland
8. Full Name of Father	John Buckley
9. Father's Occupation	Stonecutter
10. Father's Birthplace	Scotland
Name of Medical Attendant, or other Person who makes this Return.	C. A. Giesby M.D.
Address	Reg. Physician
Remarks	Md. Lying In Asylum

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2570

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
28
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 27th 1875
4. Place of Birth (Street and Number)	119 Leadenhall St.
5. Full Name of Mother	Mary Divine
6. Mother's Maiden Name	" Cunningham.
7. Mother's Birthplace	Galway Co. Ireland
8. Full Name of Father	Gregory Divine
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 S. Sharp St.
Remarks	delivered with forceps. Child living. very delicate

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2571

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	~~Female~~
3. Date of Birth	April 27th 1875
4. Place of Birth (Street and Number)	165 Druid Hill Ave
5. Full Name of Mother	Maria Louisa Debring
6. Mother's Maiden Name	Maria Louisa Krueger
7. Mother's Birthplace	Oldenburg Prussia
8. Full Name of Father	Gerhard Debring
9. Father's Occupation	Policeman
10. Father's Birthplace	Oldenburg Prussia
Name of Medical Attendant, or other Person who makes this Return.	Annie Indemark
Address	214 Preston St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2572

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 27th
4. Place of Birth (Street and Number)	Cor Pa Ave & Baker St.
5. Full Name of Mother	Mary Elizabeth Eisman
6. Mother's Maiden Name	" " Ruhl
7. Mother's Birthplace	Maryland
8. Full Name of Father	John Silas Eisman
9. Father's Occupation	Huckster
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Keller Jr M.D.
Address	89 N. Greene St.
Remarks	

2373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1875
BALTIMORE

No. of Child of Mother (*state whether 1st, ~~2d, 3d, &c.~~*)	First
1. Sex (*~~state whether Male or~~ Female*)	Female
2. Race or Color (*if not of the white race*)	White
3. Date of Birth	April 27th 1875
4. Place of Birth (*Street and Number*)	162 Biddle Street
5. Full Name of Mother	Anne Maria King
6. Mother's Maiden Name	Anne Maria Snyder
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John R. King
9. Father's Occupation	Book-keeper
10. Father's Birthplace	Hagerstown Md
Name of Medical Attendant, or other Person who makes this Return.	H. F. Wilson M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Children Two Boys 5 Girles

1. Sex (state whether Male or Female) 2 Boys Five Girles
2. Race or Color (if not of the white race) White
3. Date of Birth April the 27
4. Place of Birth (Street and Number) Block street No 94
5. Full Name of Mother Elizabeth Horney
6. Mother's Maiden Name Elizabeth King
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Horney
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bundel

Address No 208 South Bond St.

Remarks I am well satisfied with Mrs Bundel an wish sue athear wone Too stand my whife an i can Recomend h with the grater of pleasur

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 27th 1875
4. Place of Birth (Street and Number)	37 Low Street
5. Full Name of Mother	Chatherine Steiner
6. Mother's Maiden Name	" " " Ducker
7. Mother's Birthplace	Germany
8. Full Name of Father	Andercas Steiner
9. Father's Occupation	Brickleyer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reitz
Address	No 40 E Fayette Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2576

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	28th of April 1875
4. Place of Birth (Street and Number)	Bethel Street No 86.
5. Full Name of Mother	Annie Gray
6. Mother's Maiden Name	Annie Rose
7. Mother's Birthplace	Eastern Shore Maryland
8. Full Name of Father	George Gray
9. Father's Occupation	Labored
10. Father's Birthplace	Annapolis Md.
Name of Medical Attendant, or other Person who makes this Return.	Spike Collins
Address	86 Bethel St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	28 april 1875
4. Place of Birth (Street and Number)	48 Chaplain st.
5. Full Name of Mother	Lili Martin
6. Mother's Maiden Name	" Pendleton
7. Mother's Birthplace	U. States
8. Full Name of Father	Albert Martin
9. Father's Occupation	Mechanic
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 E. Lombard st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2578

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 9th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 28th 1875
4. Place of Birth (Street and Number) Mc Keough st no numb
5. Full Name of Mother Barbara Stenger
6. Mother's Maiden Name Barbara Kolb
7. Mother's Birthplace Germany
8. Full Name of Father Nicolous Stenger
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lina St Vincent

Address No 111 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2579

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 28th 1875
4. *Place of Birth (Street and Number)* No 162 Aliquith st
5. *Full Name of Mother* marguret mitchel
6. *Mother's Maiden Name* Marguret Moore
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. H. Mitchell
9. *Father's Occupation* Captain
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Hilligas

Address No 152 monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* April 28 1875.

4. *Place of Birth (Street and Number)* Fell street near Fort ave.

5. *Full Name of Mother* Carolina Cartuna.

6. *Mother's Maiden Name* Caroline Burkhart.

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Charles August Cartuna.

9. *Father's Occupation* Policeman

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Dorothea Bruns.

Address 114 Battery ave

Remarks

reat Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
2
1875
BALTIMORE

No. of Child of Mother (~~state whether 1st~~, 2d, ~~3d, &c.~~)	Second
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 28th 1875
4. Place of Birth (Street and Number)	157 Madison Avenue
5. Full Name of Mother	Virginia Martin
6. Mother's Maiden Name	Virginia Montgomery
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Louis F. Martin
9. Father's Occupation	Clerk
10. Father's Birthplace	Albany — N. Y.
Name of Medical Attendant, or other Person who makes this Return.	W. H. Wilson M. D.
Address	
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2382

HEALTH DEPARTMENT
MAY 3 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) ~~White~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth April ~~May~~ 28th 1875.
4. Place of Birth (Street and Number) 8 Hollins al
5. Full Name of Mother Maria McGuire
6. Mother's Maiden Name Sexton
7. Mother's Birthplace County Clare Ireland
8. Full Name of Father Solomon McGuire
9. Father's Occupation Laborer
10. Father's Birthplace County Fermanagh Ireland

Name of Medical Attendant, or other Person who makes this Return. Lewis McEachman

Address 349 W Lexington St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, hin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children n, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

2583

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Pure White.
3. *Date of Birth* April 28th 1875.
4. *Place of Birth (Street and Number)* Baltimore City South Washington St. No 26
5. *Full Name of Mother* Lucy R. Newton.
6. *Mother's Maiden Name* Lucy R. Leland
7. *Mother's Birthplace* Northumberland County Virginia
8. *Full Name of Father* William H. Newton.
9. *Father's Occupation* Painter
10. *Father's Birthplace* Dorchester County Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address Baltimore City Chapel Court St No 153.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Collord
3. *Date of Birth*	April 28th 1875
4. *Place of Birth (Street and Number)*	Baltimore City south Est bethel st
5. *Full Name of Mother*	ida O Harris
6. *Mother's Maiden Name*	ida O Cooper
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Richard A Harris
9. *Father's Occupation*	Cochman
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Conner
Address	Baltimore City ~~East Baltimore~~
Remarks	Choptank street ~~Bonds~~ st No 153

2585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 28th 1875

4. Place of Birth (Street and Number) 173 W. Biddle street

5. Full Name of Mother Emma Swann

6. Mother's Maiden Name Emma Schmick

7. Mother's Birthplace Baltimore City

8. Full Name of Father Thomas A. Swann

9. Father's Occupation Plumber & Gas fitter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. G. Gibbons M.D.

Address 47 Edmondson Av.

Remarks Child healthy & well developed

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	April 29. 1875
4. Place of Birth (Street and Number)	Pattersons Lane
5. Full Name of Mother	Susan Watkins
6. Mother's Maiden Name	Susan Boston
7. Mother's Birthplace	Annapolis
8. Full Name of Father	Joseph Watkins
9. Father's Occupation	Laborer
10. Father's Birthplace	Annapolis
Name of Medical Attendant, or other Person who makes this Return.	A. Tinsley M.D.
Address	454 N. Caroy St. City
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2587

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 21 1875
4. *Place of Birth (Street and Number)* No 219 Saint Mary Street
5. *Full Name of Mother* Emily Watkins
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Watkins
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hunter A Bordley

Address 95 Richard Street

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2588

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 "
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	29 April 1875
4. Place of Birth (Street and Number)	64. Albemarl st.
5. Full Name of Mother	Helen Grotmann
6. Mother's Maiden Name	" Pesh
7. Mother's Birthplace	Germany
8. Full Name of Father	John Grotmann
9. Father's Occupation	Mer. Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 E. Lombard st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2589

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 1
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 29 1875
4. *Place of Birth* (Street and Number)	No 92 St Paul St Balto
5. *Full Name of Mother*	Jane L Quinn
6. *Mother's Maiden Name*	Jane L Cobrey
7. *Mother's Birthplace*	Camden N Carolina
8. *Full Name of Father*	Thos Quinn
9. *Father's Occupation*	Iron Moulder
10. *Father's Birthplace*	Hanover Co Va
Name of Medical Attendant, or other Person who makes this Return.	A H Latham M D
Address	No 23 Franklin St Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2595
2590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 29th 1875
4. Place of Birth (Street and Number)	No 528 Hanford Street
5. Full Name of Mother	Elizabeth Hoffman
6. Mother's Maiden Name	Elizabeth Sauder
7. Mother's Birthplace	Newcherch Pennsylvania County Virginia
8. Full Name of Father	Charles Hoffman
9. Father's Occupation	Boot & Shoe Maker
10. Father's Birthplace	York Penn
Name of Medical Attendant, or other Person who makes this Return.	Ursula S Chrismer
Address	No 112 E Monument St
Remarks	Baltimore City

2591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7. 7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 29. 75.
4. Place of Birth (Street and Number)	314. S. Bond St
5. Full Name of Mother	Marie Streib
6. Mother's Maiden Name	= Erhart
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Georg Streib
9. Father's Occupation	Beer = Brauer.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank. St
Remarks	

2592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd,

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) April 29
3. Date of Birth
4. Place of Birth (Street and Number) 293 Biddle St.
5. Full Name of Mother Rebecca Philomena Maxfield.
6. Mother's Maiden Name " " Stansbury
7. Mother's Birthplace Maryland.
8. Full Name of Father Wm Maxfield.
9. Father's Occupation Blacksmith
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. L. Keller, M.D.

Address 89 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

111 2593

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 M. C.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 24th 1875
4. Place of Birth (Street and Number)	no 32 S. Chapple St.
5. Full Name of Mother	Lizzie Brown
6. Mother's Maiden Name	Little
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Turner
9. Father's Occupation	Mariner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	G. G. Camiele Clerk M. D.
Address	Balt. Washington St
Remarks	Colr Walker

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2594

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 29th
4. Place of Birth (Street and Number)	382 Franklin St.
5. Full Name of Mother	Mary Anna Baetjer
6. Mother's Maiden Name	— — Koppelman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J. George Baetjer
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	S. T. Knight M. D.
Address	112 N Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2595

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex (state whether Male or Female)* ~~Fem~~ Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Apr 30. 75
4. *Place of Birth (Street and Number)* 56 Pitt[illegible] St Baltimore
5. *Full Name of Mother* Eugenie Machin
6. *Mother's Maiden Name* " Harvey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Machin
9. *Father's Occupation* Grocer
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. A Lane Tannyhill M.D.

Address 129 W. Biddle st

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2596

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
4
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	April 29th
4. Place of Birth (Street and Number)	21 Mason ally
5. Full Name of Mother	Mrs Henry Fauntroy
6. Mother's Maiden Name	Frances Redman
7. Mother's Birthplace	Virginia
8. Full Name of Father	Henry Fauntroy
9. Father's Occupation	H Setter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	William Lee M D
Address	339 Eutaw st cor Hoffman
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 30th 1875
4. Place of Birth (Street and Number) Wilcome Alley No 133
5. Full Name of Mother Mary West
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father John E. West
9. Father's Occupation Tailor
10. Father's Birthplace Queen Anns County Md

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas No 71 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2598

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 R

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 16 th
4. *Place of Birth (Street and Number)* No 75 Block St
5. *Full Name of Mother* Elizabeth ~~Taylor~~ Evans
6. *Mother's Maiden Name* Elizabeth Ware
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Taylor Evans
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heritage

Address No 289 S Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2599

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 14.
4. Place of Birth (Street and Number)	No 313 S. Bond St
5. Full Name of Mother	Mary Matilde Myntiens
6. Mother's Maiden Name	Mary Matilde Simson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Myntiens
9. Father's Occupation	Labor
10. Father's Birthplace	Belgier
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidage
Address	No 250 S Bond St
Remarks	

RETURN OF A BIRTH.

2600

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth April 18
4. Place of Birth (Street and Number) No 56 Lankaster St
5. Full Name of Mother Katherine Grab
6. Mother's Maiden Name Katharine Hoffmann
7. Mother's Birthplace Würtenberg
8. Full Name of Father Johann Grab
9. Father's Occupation Labor
10. Father's Birthplace Hessen-Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2601

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
5
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 20
4. *Place of Birth* (Street and Number) No 145 Wolf St
5. *Full Name of Mother* Louise Buddemeier
6. *Mother's Maiden Name* Louise Gefsenhaus
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Buddemeier
9. *Father's Occupation* Blk Smith
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Regina Heilage

Address No 229 Saint St

Remarks

2602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 22nd 1875
4. Place of Birth (Street and Number) 183 S. Chappell
5. Full Name of Mother Catherine Vogel
6. Mother's Maiden Name Catherine Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father John G. Vogel
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. E. R. W. Mansfield

Address " 117 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth April 22
4. Place of Birth (Street and Number) Register St No 121
5. Full Name of Mother Barbsey Martell
6. Mother's Maiden Name Barbsey Hoefler
7. Mother's Birthplace Germany
8. Full Name of Father Peter Martell
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heislage

Address No 289 S. Bond St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2604

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Collord

3. Date of Birth April 28 ~~No 15 Basel St~~ 75

4. Place of Birth (Street and Number) No 15 Basel St Baltimore Md

5. Full Name of Mother Mary Dockins

6. Mother's Maiden Name Mary Dockins

7. Mother's Birthplace Dorchester County Md

8. Full Name of Father have non to be known

9. Father's Occupation unknown

10. Father's Birthplace Cant Say

Name of Medical Attendant, or other Person who makes this Return: Lusinda Woolford

Address 130 Register St Baltimore Md

Remarks it is A very prospus looken child and is bearde for

2605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth April 28
4. Place of Birth (Street and Number) No 226 S Ann St
5. Full Name of Mother Jakobina Berends
6. Mother's Maiden Name Jakobina Janssen
7. Mother's Birthplace Emden
8. Full Name of Father Bernhard Berends
9. Father's Occupation Grocers Stor
10. Father's Birthplace Emden

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Bond St

Remarks

Extract Regulations of the Board of Health, in Charge of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth April 29th 1875
4. Place of Birth (Street and Number) 27 Wyoth St
5. Full Name of Mother Mary Ann Margaret Selbergahn
6. Mother's Maiden Name Mary Ann Margaret Vetter
7. Mother's Birthplace Baltimore
8. Full Name of Father John Adam Selbergahn
9. Father's Occupation Box Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn M. D.

Address 166 S. Paca St

Remarks

Extract Regulations of the Board of Health to accompany this Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 27th April 1875
4. Place of Birth (Street and Number) No 27. McCubbin st.
5. Full Name of Mother Margret Tyler Howard.
6. Mother's Maiden Name Guy
7. Mother's Birthplace Virginia
8. Full Name of Father George Lewis Howard
9. Father's Occupation Driver
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Allwell

Address 279 McDonogh st

Remarks

Extract Regulations of the Board of Health to secure a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child Este

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Born 29 April
4. Place of Birth (Street and Number) Corner Raborg and arch
5. Full Name of Mother Lizzie Wilhelm
6. Mother's Maiden Name Lizzie Paul
7. Mother's Birthplace Baltimore
8. Full Name of Father John C Wilhem
9. Father's Occupation Huckster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Magdalena Summerville

Address Corner Hayet and Pearl

Remarks Well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2609

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 7 1875
4. *Place of Birth (Street and Number)* No 79 union St Balt
5. *Full Name of Mother* Ruth A Jackson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* George W Jackson
9. *Father's Occupation* Porter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2610

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21st Apl 75
4. Place of Birth (Street and Number) Maryland Ave. near Boundary
5. Full Name of Mother Rosa Ingraham
6. Mother's Maiden Name R Langley
7. Mother's Birthplace Michigan
8. Full Name of Father Prentiss Ingraham
9. Father's Occupation Newspaper Correspondent
10. Father's Birthplace Mississippi

Name of Medical Attendant, or other Person who makes this Return. H. W. Onings M.D.

Address 166 W. Fayette St.

Remarks

2611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 25th 1875
4. Place of Birth (Street and Number) 665 W. Balto St
5. Full Name of Mother Francis A. Inglehardt
6. Mother's Maiden Name F. A. Harman
7. Mother's Birthplace Anne Arundel Co Md.
8. Full Name of Father Wm O. Inglehardt
9. Father's Occupation Laborer
10. Father's Birthplace Balto Co. Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Skiles, M.D.

Address 379 W. Lombard St

Remarks

Extract Regulations of the Board of Health to Secure Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 25th 1875
4. Place of Birth (Street and Number)	No O'Donnell
5. Full Name of Mother	Leela King
6. Mother's Maiden Name	Leela Goodlee
7. Mother's Birthplace	Balto city Md
8. Full Name of Father	Patrick L. King
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto city Md
Name of Medical Attendant, or other Person who makes this Return.	E Jones Williams M.D.
Address	No 33 Elliot St Balto Md
Remarks	

Extract from Regulations of the Board of Health relative to the Return and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7.d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 25th April 1875
4. Place of Birth (Street and Number) 39 Millimann St.
5. Full Name of Mother Louisa Fisher
6. Mother's Maiden Name " Fuller
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Fisher
9. Father's Occupation Painter
10. Father's Birthplace Indianna U.S.

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E Pratt St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Negro. Mulatto

3. Date of Birth 26th April 1875

4. Place of Birth (Street and Number) No Hunter Clay st near Eutaw

5. Full Name of Mother Jane Fowler

6. Mother's Maiden Name Jane Holland

7. Mother's Birthplace Pr Geo County.

8. Full Name of Father Dennis Fowler

9. Father's Occupation Works on a Farm in Howard Co

10. Father's Birthplace Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo C Ogle M D

Address 229 Eutaw st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 26
4. *Place of Birth (Street and Number)* No 433 E. Eager st
5. *Full Name of Mother* Mary Otto.
6. *Mother's Maiden Name* Mary Rolfing
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* J. F. Otto
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemonn

Address No 70 Franklin st

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eight

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 27th 1875
4. *Place of Birth (Street and Number)* corner Oxford Street and Pennsylvania Avenue
5. *Full Name of Mother* Theresia Bernard
6. *Mother's Maiden Name* Th. Heyne
7. *Mother's Birthplace* Hessen Darmstadt
8. *Full Name of Father* Felix Bernard
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Sophia Wenzel

Address 16 East West

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 28th April 1875
4. Place of Birth (Street and Number) Balt & Orchard S court
5. Full Name of Mother Eliza Broughton
6. Mother's Maiden Name
7. Mother's Birthplace Maryland
8. Full Name of Father Broughton
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks unmarried

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth April 28th 1875
4. Place of Birth (Street and Number) 545 N. Fayette St.
5. Full Name of Mother Mary H. Foster
6. Mother's Maiden Name " " Goddin
7. Mother's Birthplace Richmond Va
8. Full Name of Father James H. Foster
9. Father's Occupation Tobacco Dealer
10. Father's Birthplace Young William Co Va

Name of Medical Attendant, or other Person who makes this Return. W. G. Rider M.D.

Address 87 Mulberry St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2614

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 10

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 29
4. *Place of Birth (Street and Number)* Eastern ave No 153
5. *Full Name of Mother* Caterena Hilcher
6. *Mother's Maiden Name* Catharena Smith
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lenie Hilcher
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth April 29 1876

4. Place of Birth (Street and Number) No 151 Walsh St

5. Full Name of Mother Sarah C Cole

6. Mother's Maiden Name " " Wolf

7. Mother's Birthplace Berlin Adams Co Pa

8. Full Name of Father William B Cole

9 Father's Occupation Blacksmith

10. Father's Birthplace Hartford Co Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 87 Mulberry St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2621

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 30th April 1875
4. *Place of Birth (Street and Number)* Balt ~~No~~ 43 Oxford St
5. *Full Name of Mother* Virginnie Evans
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Winchester Va
8. *Full Name of Father* Robert Maxfield
9. *Father's Occupation*
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 30th 1875
4. Place of Birth (Street and Number) 21 Scott St.
5. Full Name of Mother Bridget Coleman
6. Mother's Maiden Name B. Shelley
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Coleman
9. Father's Occupation Policeman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Onings M.D.

Address 166 W. Fayette St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2623

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 30th 1875
4. *Place of Birth* (Street and Number)	No 15 Gay St
5. *Full Name of Mother*	Lissette Hetzel
6. *Mother's Maiden Name*	Lissette Bierman
7. *Mother's Birthplace*	~~John Hetzel~~ Germany
8. *Full Name of Father*	Tailor John Hetzel
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Hena Hillegast
Address	No 132 Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr. 30th 1875
4. Place of Birth (Street and Number)	Md Lying-in Asylum, 106 W. Lombard St.
5. Full Name of Mother	Maggie Waldon
6. Mother's Maiden Name	Maggie Waldon
7. Mother's Birthplace	Harpers Ferry Va
8. Full Name of Father	Frank Rivers
9. Father's Occupation	Brick Mason
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	D. A. Giesler M.D.
Address	Reg Physician
Remarks	Md Lying-in Asylum

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr. 30th 1875
4. Place of Birth (Street and Number)	Md Lying In Asylum, Ke Bt. Lombard
5. Full Name of Mother	Kate Lappin
6. Mother's Maiden Name	Kate Rogers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Harris
9. Father's Occupation	Physician
10. Father's Birthplace	No
Name of Medical Attendant, or other Person who makes this Return.	D. A. Giesler, Mt
Address	Res Physician
Remarks	Md Lying In Asylum

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 30th April 1875
4. Place of Birth (Street and Number) [illegible]
5. Full Name of Mother Annie [illegible]
6. Mother's Maiden Name Annie Miller
7. Mother's Birthplace Ireland
8. Full Name of Father [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace Howard County

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible] St. Baltimore

Remarks Mother and [illegible] doing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male Child
2. Race or Color (if not of the white race) White
3. Date of Birth 30 April 1875
4. Place of Birth (Street and Number) 91 Spring St.
5. Full Name of Mother Kate O Sullivan.
6. Mother's Maiden Name Kate Millhalland.
7. Mother's Birthplace Connecticut.
8. Full Name of Father Bernard Millhalland.
9. Father's Occupation Milk Man.
10. Father's Birthplace Ireland Co Terone.

Name of Medical Attendant, or other Person who makes this Return. Mary Miller

Address 123 N. Caroline St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 30th 1875

4. Place of Birth (Street and Number) 40 S Streets

5. Full Name of Mother Ella M. Fairall.

6. Mother's Maiden Name Ella M. Banks.

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Geo. E. Fairall,

9. Father's Occupation Machinist,

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John L. A. Krozer M.D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2629

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 23rd 1875.
4. Place of Birth (Street and Number)	Decker st.
5. Full Name of Mother	Nellie Levering
6. Mother's Maiden Name	Nellie Dennard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Levering
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. W. Wiltenberger M.D.
Address	121 W. Monument
Remarks	First natural

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th January. 75
4. *Place of Birth (Street and Number)* 223 Hoffman St.
5. *Full Name of Mother* Nettie M. Snell
6. *Mother's Maiden Name* N. M. Stirratt
7. *Mother's Birthplace* Indiana
8. *Full Name of Father* Munroe Snell
9. *Father's Occupation* Insurance Agent
10. *Father's Birthplace* Massachusetts

Name of Medical Attendant, or other Person who makes this Return. H. W. Owings M.D.

Address 166 W Fayette St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* collard brown skin
3. *Date of Birth* borne the 22. of April
4. *Place of Birth (Street and Number)* Dover st at 2.33
5. *Full Name of Mother* sorah Ann scoot
6. *Mother's Maiden Name* sorah Ann Hall
7. *Mother's Birthplace* borne baltimore county
8. *Full Name of Father* William scoot
9. *Father's Occupation* labrow in livry stabil
10. *Father's Birthplace* borne harford county

Name of Medical Attendant, or other Person who makes this Return. Poncy Williams

Address No 210 Dover st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Apr 16th
4. Place of Birth (Street and Number)	131 E. Pratt St
5. Full Name of Mother	Florence O. Robinson
6. Mother's Maiden Name	" " Cunningham
7. Mother's Birthplace	Hagerstown Md
8. Full Name of Father	Joseph A Robinson
9. Father's Occupation	Merchant
10. Father's Birthplace	Frederick Co. Va
Name of Medical Attendant, or other Person who makes this Return.	L. T. Miles M.D.
Address	14 Cathedral St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth —

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White —
3. Date of Birth April 23rd 1875
4. Place of Birth (Street and Number) N W Cor Baltimore & Mount Sts —
5. Full Name of Mother Elizabeth G List —
6. Mother's Maiden Name Elizabeth Gerber —
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob List —
9. Father's Occupation Tobacconist —
10. Father's Birthplace Germany —

Name of Medical Attendant, or other Person who makes this Return. W G Rigester M.D.

Address 845 W Baltimore St —

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2634

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third –
1. Sex (state whether Male or Female)	Female –
2. Race or Color (if not of the white race)	White –
3. Date of Birth	April 23rd 1875
4. Place of Birth (Street and Number)	57 S Carey St –
5. Full Name of Mother	Emma Eliza Gainer –
6. Mother's Maiden Name	Emma E Hedrick –
7. Mother's Birthplace	Maryland
8. Full Name of Father	Edwin F Gainer –
9. Father's Occupation	Coach Painter –
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	W L Keyser MD
Address	845 W Baltimore St.
Remarks	

RETURN OF A BIRTH.

" 2635

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 2.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* April 24. White
3. *Date of Birth* April 24.
4. *Place of Birth (Street and Number)* 227 N. Eden
5. *Full Name of Mother* Sarah Jane Thompson.
6. *Mother's Maiden Name* " " " Webster
7. *Mother's Birthplace* Born in Balto. City
8. *Full Name of Father* Chas. Marion Thompson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. W. Watson

Address 18 Asquith St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2636

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 2.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 24th April

4. Place of Birth (Street and Number) 121 Harford Av

5. Full Name of Mother Fannie Morris Herring

6. Mother's Maiden Name " Weil

7. Mother's Birthplace Baltimore.

8. Full Name of Father Wm. Francis Herring

9. Father's Occupation Paper Hanger

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. D. Geo. W. Wayson

Address 18 Aisquith St

Remarks

RETURN OF A BIRTH.

2637

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 24th 1875
4. Place of Birth (Street and Number)	516 n. Baltimore Street
5. Full Name of Mother	Auguste Müller
6. Mother's Maiden Name	Auguste Spindler
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Henry Müller
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hessen, Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Meyer
Address	56 East street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2638

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 27 1875 at 10 A.M.
4. Place of Birth (Street and Number) 32 St Peter Street
5. Full Name of Mother Mary Ellen Bell
6. Mother's Maiden Name Mary Ellen Ross
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm H Bell
9. Father's Occupation Cigar Box Manufacture
10. Father's Birthplace Cumberland Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Marian Goodman

Address No 458 Lexington below Poppelton

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 2639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) — birth

1. Sex (state whether Male or Female) — male
2. Race or Color (if not of the white race) — white
3. Date of Birth — April 27th 1875. (381 W. Pratt Street)
4. Place of Birth (Street and Number)
5. Full Name of Mother — Louisa Schlosser
6. Mother's Maiden Name — Louisa Kroker
7. Mother's Birthplace — Brunswick Germany
8. Full Name of Father — John Schlosser
9. Father's Occupation — Locksmith
10. Father's Birthplace — Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. — Sophie Wenzel

Address — 56 Pearl Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2640

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 28 1875
4. Place of Birth (Street and Number)	5 Spring South
5. Full Name of Mother	F. E. Wenzel
6. Mother's Maiden Name	F. E. Wolfram
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Bernhard Wenzel
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Russian Germany
Name of Medical Attendant, or other Person who makes this Return.	Joseph Wenzel
Address	56 East South
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2641

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 29th 1875.
4. Place of Birth (Street and Number)	No 815 Exeter Balto city Md,
5. Full Name of Mother	Anna E Wyatt.
6. Mother's Maiden Name	A. E Doblin.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Joseph E Wyatt
9. Father's Occupation	Laborer.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	James R Andre M.D.
Address	No 121 E. Balto Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth April 30 the 1875
4. Place of Birth (Street and Number) William st No. 216
5. Full Name of Mother Mary Margaret Walter
6. Mother's Maiden Name M. A. Finney
7. Mother's Birthplace County Galway Ireland.
8. Full Name of Father John A Walter
9. Father's Occupation " Stone Cutter
10. Father's Birthplace Monerie Baveria

Name of Medical Attendant, or other Person who makes this Return. Miss Klara Martin

Address 128 West

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2643

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 30th 1875.
4. Place of Birth (Street and Number)	336 Franklin St.
5. Full Name of Mother	Emma Kolb
6. Mother's Maiden Name	Humes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. Kolb
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. C. Cuddy M.D
Address	366 Franklin St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2644

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 25th 1875.
4. *Place of Birth (Street and Number)* Cor: Linden Av & Hoffman St.
5. *Full Name of Mother* Lela L Pultney
6. *Mother's Maiden Name* Lela L Minor
7. *Mother's Birthplace* Savannah
8. *Full Name of Father* S. E. Pultney
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. W. Middlemiss M.D.

Address 121 N. Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

a-2645

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 2nd 1875
4. Place of Birth (Street and Number)	1216 Lanvale st
5. Full Name of Mother	Maggie Saitz
6. Mother's Maiden Name	Maggie Buckingham
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	J W C. Saitz
9. Father's Occupation	Merchant
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	J W. Wittenberger M D
Address	121 W. Monument st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2646

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3th of February 1875
4. Place of Birth (Street and Number) No 30 President Street
5. Full Name of Mother ~~Hanest Hill~~ Henest Blumberger
6. Mother's Maiden Name Hanest Hill
7. Mother's Birthplace Germany
8. Full Name of Father Fredrich Blumenberger
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Eliza Fleming

Address No 12 Stiles

Remarks

RETURN OF A BIRTH.

2647

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	Feby 3rd 1875
4. *Place of Birth* (Street and Number)	44 Granby St.
5. *Full Name of Mother*	Mamie Smith
6. *Mother's Maiden Name*	Mamie Harper
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Robt. J. Smith
9. *Father's Occupation*	Manufacturer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. W. Mitchell
Address	121 W. Monument
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or hot, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	~~White~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 3rd 1875
4. Place of Birth (Street and Number)	98 Townsend St.
5. Full Name of Mother	Laura Manning
6. Mother's Maiden Name	Laura Darby
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J. C Manning Jr.
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. W. Miltenberger
Address	121 W. Monument St
Remarks	

Extract Regulations of the Board of Health and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2619

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth February 1875

4. Place of Birth (Street and Number) No 48 E Monument St Balt

5. Full Name of Mother Josephine Storks

6. Mother's Maiden Name Boyer

7. Mother's Birthplace Maryland

8. Full Name of Father Storks

9 Father's Occupation Waiter

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return Mary at Dorsey

Address 134 Orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2650

HEALTH DEPARTMENT APR 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	February 13th 1875.
4. *Place of Birth* (Street and Number)	21 Linden Av.
5. *Full Name of Mother*	Mary Jane Sherwood
6. *Mother's Maiden Name*	Mary Jane Anderson
7. *Mother's Birthplace*	Philadelphia
8. *Full Name of Father*	Wm R Sherwood
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J W Mitchell
Address	121 W. Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2651

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 15 Febuary
4. *Place of Birth (Street and Number)* Balt St Mary St No 70
5. *Full Name of Mother* Cornelia Leakins
6. *Mother's Maiden Name* Lee
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Leakins
9. *Father's Occupation* ~~Laborer~~ Porter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 21st Febry 75
4. Place of Birth (Street and Number) 333 N. Broadway
5. Full Name of Mother Agnes C. Dunlap
6. Mother's Maiden Name A. C. Towson
7. Mother's Birthplace Virginia
8. Full Name of Father Edward C. Dunlap
9. Father's Occupation Merchant
10. Father's Birthplace Maine

Name of Medical Attendant, or other Person who makes this Return. H. W. Onings MD

Address 166 W. Fayette St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2

RETURN OF A BIRTH.

2653

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* feb 25
4. *Place of Birth (Street and Number)* No 75 Jasper St Balt Md
5. *Full Name of Mother* Babary Island
6. *Mother's Maiden Name* Howard
7. *Mother's Birthplace* Balt
8. *Full Name of Father* Moses Island
9. *Father's Occupation* Caterer
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26574

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 27 Feburary (1875)
4. *Place of Birth* (Street and Number) Balt 52 Raburg St
5. *Full Name of Mother* Fanney Dobson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Richardson
9. *Father's Occupation* Sober
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks not Married

RETURN OF A BIRTH.

2655

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* March 3 1875
4. *Place of Birth* (Street and Number) Balt and No 100 Jasper St
5. *Full Name of Mother* Rachel Hack
6. *Mother's Maiden Name* Jackson
7. *Mother's Birthplace* Fredrick Co
8. *Full Name of Father* Benjamin Hack
9. *Father's Occupation* Job Work
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born at its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2656

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7th Mch 75. 131 McCulloh St.
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Pamelia Hiss
6. *Mother's Maiden Name* P. Waters
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Fielder Israel Hiss
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. H. W. Dimgaard M.D

Address 166 W Fayette St.

Remarks

2657

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 1.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* the 8 of March

4. *Place of Birth (Street and Number)* 19 Albemarle Street

5. *Full Name of Mother* Elizabeth Ricker

6. *Mother's Maiden Name* " " Burger

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Fredgeik Ricker

9. *Father's Occupation* Sadler

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. X

Address X Eliza Flemming

Remarks No 12 Hicks St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

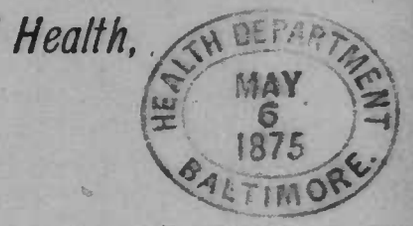
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2658

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th March 75
4. *Place of Birth (Street and Number)* Greenmount Ave near City limits
5. *Full Name of Mother* Sallie S. Daneker
6. *Mother's Maiden Name* S. S. Suter
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Frank Daneker
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. H. W. Owings MD

Address 166 W Fayette St

Remarks

2659

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	2d.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March the 12 1875
4. *Place of Birth (Street and Number)*	No 15 n Eden St.
5. *Full Name of Mother*	Mary A McConnell
6. *Mother's Maiden Name*	Mary A Deck
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Thomas McConnell
9. *Father's Occupation*	~~Laborer~~ Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Eliza Fleming
Address	Eliza Fleming 12 Hills
Remarks	

2660

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 11 16 1875
4. *Place of Birth (Street and Number)* Balt. No 46 Orchard St
5. *Full Name of Mother* Mary Sampson
6. *Mother's Maiden Name* Johnson
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Sampson
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address No 134 Orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

'2661

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 21st March 1875
4. Place of Birth (Street and Number) Balt No 9 More Ally
5. Full Name of Mother Rose Boston
6. Mother's Maiden Name
7. Mother's Birthplace Balt Md
8. Full Name of Father Boston
9. Father's Occupation Waiter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A. Dorsey

Address 134 Orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 3d

1. Sex (state whether Male or Female) ~~Id~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 22 1875
4. Place of Birth (Street and Number) 39 Lombard St
5. Full Name of Mother Jennette Henderson
6. Mother's Maiden Name " " Macheson
7. Mother's Birthplace ~~Id~~ Scottland
8. Full Name of Father Fredrick Henderson
9. Father's Occupation Waiter
10. Father's Birthplace Scottland

Name of Medical Attendant, or other Person who makes this Return. Eliza Flemming

Address 12 Stiles St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26 March 1875
4. Place of Birth (Street and Number) 38 Albemarle St.
5. Full Name of Mother Margert May
6. Mother's Maiden Name " " Marshal
7. Mother's Birthplace Maryland
8. Full Name of Father Wm May
9. Father's Occupation ~~Laborer~~ Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Eliza Flemming

Address No 12 Stiles St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 26th 1875
4. Place of Birth (Street and Number)	Wilson St. near Howard
5. Full Name of Mother	Jane Chambers Blackstock
6. Mother's Maiden Name	Jane Chambers Henry
7. Mother's Birthplace	St Louis Mo
8. Full Name of Father	Allan Ramsay Blackstock
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Henry R Noel M.D
Address	No 10 N. Carey.
Remarks	Patient was desperately ill with Puerperal Fever & this paper was not filled until her recovery

2663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race)

[illegible]te of Birth 6th ~~[illegible]~~ April 1875

[illegible] of Birth (Street and Number) 66 Balty. Avenue

[illegible]ame of Mother Alice ~~Campb~~ Hedges

[illegible]ther's Maiden Name " Camphor

[illegible]ther's Birthplace Balto Md

8. Full Name of Father Edw'd Hedges

9. Father's Occupation ~~Labor~~ Laborer

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. A. N. Dodge Md.

Address 201 Hanover St. Balto Md

Remarks

Labor uncomplicated —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 10th 1875
4. Place of Birth (Street and Number)	371 Orleans st.
5. Full Name of Mother	Katherine Drost
6. Mother's Maiden Name	" Stein
7. Mother's Birthplace	Germany
8. Full Name of Father	Michael Drost
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Pierre G. Dausch M.D
Address	27 N. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* April 13th 1875
4. *Place of Birth* (Street and Number) 38 Hare st.
5. *Full Name of Mother* Maria Schroll
6. *Mother's Maiden Name* " Krips
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Schroll
9. *Father's Occupation* Labour
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Daniels

Address 27 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth April 14th 1875
4. Place of Birth (Street and Number) 56. Nic. Eldery st
5. Full Name of Mother Augusta Kohler
6. Mother's Maiden Name " Appel
7. Mother's Birthplace Germany
8. Full Name of Father William Kohler
9. Father's Occupation Cabinetmaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmd

Address 27. N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* whit
3. *Date of Birth* 18 of ~~May~~ April
4. *Place of Birth (Street and Number)* Caroline Street
5. *Full Name of Mother* Catharina Rosenberger
6. *Mother's Maiden Name* Braker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ludwig Rosenberger
9. *Father's Occupation* Schomaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dorothea Spears wife

Address

Remarks has removed to N. 99 Somerset Street

this Return was mislaid

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2670

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth April 19th 1875
4. Place of Birth (Street and Number) 95. S. Wolfe st.
5. Full Name of Mother Margareth Leifert
6. Mother's Maiden Name " Schmittein
7. Mother's Birthplace Germany
8. Full Name of Father John Leifert
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschind

Address 27. N. Broadway

Remarks

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2671

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 21st 6. A.M. 1875
4. *Place of Birth (Street and Number)* No 2 Mc. Cubbin st.
5. *Full Name of Mother* Mary Anne Griffin
6. *Mother's Maiden Name* " " Duffy
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Charles Edgar Griffin
9. *Father's Occupation* Watchcasemaker
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D

Address 27 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2672

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 22nd 9. A. M. 1875
4. *Place of Birth (Street and Number)* 27 N. Choptank st.
5. *Full Name of Mother* Mary Kirshenhofer
6. *Mother's Maiden Name* " Reinhardt
7. *Mother's Birthplace* Lyons Wayne Co. New York
8. *Full Name of Father* George Kirshenhofer
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmd

Address 27 N. Broadway

Remarks

2673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Jewish
3. Date of Birth	April 22th 1875
4. Place of Birth (Street and Number)	Central Avenue No 46
5. Full Name of Mother	Mary ann Uhlfelder
6. Mother's Maiden Name	Mary ann Bickerhaupt
7. Mother's Birthplace	Prussia Europe
8. Full Name of Father	Samuel Uhlfelder
9 Father's Occupation	Butcher
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ubig
Address	No 48 Holland St Baltimore Md
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2674

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 23, 2 P.M. 1875
4. *Place of Birth (Street and Number)* 260 E. Lombard
5. *Full Name of Mother* Emilie Blottkamp
6. *Mother's Maiden Name* " Berger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Frederick Blottkamp
9. *Father's Occupation* Saddler
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D.

Address 27 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2675

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether Male or Female)	girl
2. Race or Color (if not of the white race)	white
3. Date of Birth	23rd of April
4. Place of Birth (Street and Number)	Locust Point Cookson Block C
5. Full Name of Mother	Winnie Agnes King
6. Mother's Maiden Name	Winnie Agnes Gorman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charlie Louring King
9. Father's Occupation	A Laborer
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Margred Ordel

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	ninth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	April 24th
4. *Place of Birth* (Street and Number)	No 13 Clay street
5. *Full Name of Mother*	Margaret Thalheimer
6. *Mother's Maiden Name*	" Dill
7. *Mother's Birthplace*	Bovirea Germany
8. *Full Name of Father*	Joseph Thalheimer
9. *Father's Occupation*	Whip Thong maker
10. *Father's Birthplace*	Boveria or south Germany
Name of Medical Attendant, or other Person who makes this Return.	Anna Grumley
Address	No 60 North Schroeder
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 26th 1875
4. *Place of Birth (Street and Number)* no 568 Lexington Street
5. *Full Name of Mother* Sarah Rebecca Donaldson
6. *Mother's Maiden Name* Sarah Rebecca Knapps
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Theodore Donaldson
9. *Father's Occupation* carpenter
10. *Father's Birthplace* New-hope Bucks county Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Anna Leppler

Address No 60 North Schroeder

Remarks Sound healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH-DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) American
3. Date of Birth April 26. 1875
4. Place of Birth (Street and Number) Orleans St N.E. 19 Baltimore Md
5. Full Name of Mother Carolina Mirshberger
6. Mother's Maiden Name Caroline Hatz
7. Mother's Birthplace Barvaria Europe
8. Full Name of Father John Mirshberger
9. Father's Occupation Tailor
10. Father's Birthplace Barvaria Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ubbig

Address No. 48 Holland St Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2679 ~~2697~~ ~~2679~~

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 27 April
4. Place of Birth (Street and Number) 44 Hanby
5. Full Name of Mother Sipylia Louisa Haas
6. Mother's Maiden Name " " Schlacks
7. Mother's Birthplace Prussia
8. Full Name of Father Martin Haas
9. Father's Occupation Germany
10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. A. M. Dodge M.D.

Address 207 Hanover St

Remarks Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 28, 1875
4. Place of Birth (Street and Number) 280 Lombard St.
5. Full Name of Mother Mary Donhauser
6. Mother's Maiden Name Mary Wilson
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Donhauser
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. J. Gately Lyd.

Address 2411, Bank St.

Remarks

...rect Record of Vital ... in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex; and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2681
2682

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) Twins

Sex (state whether Male or Female) Male & Female

Race or Color (if not of the white race) Col

Date of Birth 09th Apl

Place of Birth (Street and Number) 209 Chestnut Ally

Full Name of Mother Julia S Brown

Mother's Maiden Name " "

Mother's Birthplace Baltimore

Full Name of Father ———

Father's Occupation ———

Father's Birthplace ———

Name of Medical Attendant, or other Person who makes this Return. W W Antim M D

Address 192 Pearl St

Remarks

Of Illegitimate birth

2683.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* ~~Male or Female~~
2. *Race or Color (if not of the white race)* ~~Race or Color (if not of the white race)~~
3. *Date of Birth* April 29th 1875
4. *Place of Birth (Street and Number)* No 175 E. Fayette St.
5. *Full Name of Mother* Margaret Lampstein
6. *Mother's Maiden Name* Margaret Brown
7. *Mother's Birthplace* Fairfax Co., Va.
8. *Full Name of Father* Julian Lampstein
9. *Father's Occupation* Artist
10. *Father's Birthplace* Tazwell Co. Illinois

Name of Medical Attendant, or other Person who makes this Return. Waller W. White, M.D.

Address No 300 N. Broadway

Remarks Condition of child good.

RETURN OF A BIRTH.

2684

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 30th 1875
4. Place of Birth (Street and Number) N 430 E Eager St
5. Full Name of Mother Kate R. Welch
6. Mother's Maiden Name " " Sherwood
7. Mother's Birthplace Balto City
8. Full Name of Father Benjamin J. Welch
9. Father's Occupation Government Clerk
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address 305 N Caroline St

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2685

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 30th 1875
4. Place of Birth (Street and Number)	No Stricker st north of Townsend
5. Full Name of Mother	Mary Scharf
6. Mother's Maiden Name	Mary Mc Dougall
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas J. Scharf
9 Father's Occupation	Lawyer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler M.D
Address	135 n charles st
Remarks	Balto

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11, 2686

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* May 1st 1875
4. *Place of Birth (Street and Number)* Patson Court Alley
5. *Full Name of Mother* Mary Guisman
6. *Mother's Maiden Name* Mary Reincke
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* August Reincke
9. *Father's Occupation* Watchman
10. *Father's Birthplace* Known Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address No 48 Holland St Baltimore

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 ~~Elizabeth Young~~
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 1. 1875.
4. Place of Birth (Street and Number)	30 Bowen St.
5. Full Name of Mother	Elizabeth Young.
6. Mother's Maiden Name	" Young
7. Mother's Birthplace	Europe.
8. Full Name of Father	John Young.
9. Father's Occupation	Shoe maker.
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return.	Persula S Chrismer
Address	No 129 E Monument St
Remarks	Baltimore City

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 1st 1875
4. Place of Birth (Street and Number)	129 N. Fremont St
5. Full Name of Mother	Mary Koffenburger
6. Mother's Maiden Name	" Waidner
7. Mother's Birthplace	Balto City
8. Full Name of Father	Jacob Koffenburger
9. Father's Occupation	Can Maker
10. Father's Birthplace	Frederick Co Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	This birth was not attended by either Doctor or Midwife hence the report of birth by the Father

2689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 17 May 1st '75

4. Place of Birth (Street and Number) 176 N. Front St.

5. Full Name of Mother Kate O'Connell

6. Mother's Maiden Name Kate Sullivan

7. Mother's Birthplace Cork, Ireland

8. Full Name of Father Patk. O'Connell

9. Father's Occupation Laborer

10. Father's Birthplace Cork, Ireland

Name of Medical Attendant, or other Person who makes this Return. John F. Mommonier [illegible]

Address S.W. cor Calvert & Read Sts

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) - White
3. Date of Birth May 1st 1875
4. Place of Birth (Street and Number) No 13 Eden Street
5. Full Name of Mother Josephina Guckert
6. Mother's Maiden Name Josephina Funk
7. Mother's Birthplace Baltimore
8. Full Name of Father John Guckert
9. Father's Occupation House carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hiena Hillegeist

Address No 182 East Monument Street

Remarks

Earnest Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1st of May
4. Place of Birth (Street and Number) 353 S Ann Street
5. Full Name of Mother Julianne Schoak
6. Mother's Maiden Name " " " Woreknack
7. Mother's Birthplace Germany
8. Full Name of Father John Schock
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks This Partee had neither Doctor nor Midwif and Child lived only 8 days

W B Hunt

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2692

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 1st 1875
4. Place of Birth (Street and Number)	347 Eastern Avenue
5. Full Name of Mother	Willmyna Hodges
6. Mother's Maiden Name	Willmyna Foster
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Alfred Hodges
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Lawson A. Wiley
Address	N 12 Paterson Park Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2693 –

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1st 1875
4. *Place of Birth (Street and Number)* Cathedral St No 355
5. *Full Name of Mother* Ellen Riley
6. *Mother's Maiden Name* Ellen Crosdale
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Patrick Riley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Charlotte Cosby

Address Cathedral St No 365

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2694

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 1st 1875
4. *Place of Birth* (Street and Number)	No 12 Webster Ally.
5. *Full Name of Mother*	Anna McC
6. *Mother's Maiden Name*	Anna Ward
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Michael McC
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Silas W. Hunter
Address	11 Greenmount Ave.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1st May 75
4. Place of Birth (Street and Number) 36 McHenry St.
5. Full Name of Mother Ellen Murphy
6. Mother's Maiden Name Ellen Coleman
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Murphy
9. Father's Occupation Omnibus Driver
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. W. W. Owings M.D.

Address 166 W Fayette St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 14 May 1875 Baltimore Md.

4. Place of Birth (Street and Number) 104 Ramsey st Baltimore

5. Full Name of Mother Ellen Fitzgerald

6. Mother's Maiden Name Ellen Walsh

7. Mother's Birthplace Ireland

8. Full Name of Father James Fitzgerald

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 136 Cliff St Mary st

Remarks Both are doing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2697

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 4

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) Colored Child.

3. Date of Birth 1st May 1875

4. Place of Birth (Street and Number) 54 Mulliken St.

5. Full Name of Mother Ellen Hall.

6. Mother's Maiden Name Ellen Jones

7. Mother's Birthplace Baltimore City.

8. Full Name of Father James F Hall.

9 Father's Occupation Butcher.

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 124 N. Caroline St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 1st 1875.
4. Place of Birth (Street and Number)	173 Saratoga Street
5. Full Name of Mother	Mary West
6. Mother's Maiden Name	Mary Skinner
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	Henry M West
9 Father's Occupation	Merchant
10. Father's Birthplace	Montgomery Co Md
Name of Medical Attendant, or other Person who makes this Return.	J. H. Buckler M.D.
Address	144 Mulberry St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

2699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
5
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Anglo Saxon
3. *Date of Birth* May 1st 1875
4. *Place of Birth (Street and Number)* 157 N. Carey Street
5. *Full Name of Mother* S. Caroline Merchant
6. *Mother's Maiden Name* S. Caroline Menzies
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Merchant
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. T. Bell M.D.

Address 306 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 1st 1875
4. Place of Birth (Street and Number)	319 Aisquith st
5. Full Name of Mother	Laura Meinsen
6. Mother's Maiden Name	Laura Starkman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J. D. Meinsen
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. W. Mittenberger
Address	121 W Monument st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2701

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
4
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. *Sex (state whether Male or Female)* ~~Male~~ Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 1st 75
4. *Place of Birth (Street and Number)* 3 Cottage Alley
5. *Full Name of Mother* Ellen Martin
6. *Mother's Maiden Name* Not Married
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Annie her + mark Duffy

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Male child
1. Sex (state whether Male or Female)	Colored
2. Race or Color (if not of the white race)	May 1 1875
3. Date of Birth	No 2 redman court
4. Place of Birth (Street and Number)	Mary Jain
5. Full Name of Mother	May Brown
6. Mother's Maiden Name	dorchester county maryland
7. Mother's Birthplace	Edward Brown
8. Full Name of Father	cart driver
9. Father's Occupation	Baltimore Md
10. Father's Birthplace	Maria Potter Midwife
Name of Medical Attendant, or other Person who makes this Return.	141 Hugo street
Address	
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 9

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1st 1875
4. *Place of Birth (Street and Number)* 234 E. Pratt st Balt.
5. *Full Name of Mother* Mary A. Kramer
6. *Mother's Maiden Name* Mary A Dippold
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo. M. Kramer
9. *Father's Occupation* Organ Manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. John H. Conner M.D.

Address 210 E. Balt. st

Remarks The placenta was adherent to Uterus and had to be extracted

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2704

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Post Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child of Mother

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) American born White
3. *Date of Birth* May 16 1875
4. *Place of Birth* (Street and Number) No 4 Webster Row
5. *Full Name of Mother* Ellen Gibin
6. *Mother's Maiden Name* Ellen Curran
7. *Mother's Birthplace* Newport. England
8. *Full Name of Father* Robert Gibin
9. *Father's Occupation* Gas Fitter
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary Ward

Address No 4. Webster Row

Remarks

2705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 24 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex (state whether Male or Female).* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1st 1875
4. *Place of Birth (Street and Number)* 113 N. Bond St.
5. *Full Name of Mother* Emma Wolf
6. *Mother's Maiden Name* " Fisher
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Adam Wolf
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address 133 Jefferson St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Apl. 2d 1875
4. Place of Birth (Street and Number)	441 Lenna. Ave
5. Full Name of Mother	Alice
6. Mother's Maiden Name	Lawrence
7. Mother's Birthplace	Maryland
8. Full Name of Father	J. H. Christian
9. Father's Occupation	Physician
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Dr. J. H. Christian
Address	441. Lenna. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 2nd, 1875
4. Place of Birth (Street and Number) No 839 W. Baltimore St Baltimore Md.
5. Full Name of Mother Hathrina Dietch
6. Mother's Maiden Name Hathrina Kennsch
7. Mother's Birthplace Hoenbach in Europ Cochessen
8. Full Name of Father John Dietch
9. Father's Occupation Merchant Tailor
10. Father's Birthplace Egginbach in Europ Beiern

Name of Medical Attendant, or other Person who makes this Return. Anna Dumler

Address No 60 North Schroeder St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Collord
3. Date of Birth 2 of May 1875
4. Place of Birth (Street and Number) 104 Chapel st
5. Full Name of Mother Louisa Robinson
6. Mother's Maiden Name dont Know
7. Mother's Birthplace [illegible] Eastern shore Md
8. Full Name of Father Henry Robison
9. Father's Occupation Sailor
10. Father's Birthplace Eastern shore Md

Name of Medical Attendant, or other Person who makes this Return. Henrieta Glasco Col

Address Mr Eldrey st Extended

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2nd 1875 Canton
4. *Place of Birth (Street and Number)* No. 391 ~~Eastern~~ Ave.
5. *Full Name of Mother* Maggie Marshel
6. *Mother's Maiden Name* Maggie Dahn
7. *Mother's Birthplace* City
8. *Full Name of Father* Charles Marshel
9. *Father's Occupation* Ship Carpenter.
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buskmann

Address 120 Bank str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2710

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 ed

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 2nd
4. *Place of Birth (Stree and Number)* Sturret st no 1
5. *Full Name of Mother* Anna E. Schweineberg
6. *Mother's Maiden Name* Anna E. Dickel
7. *Mother's Birthplace* Hessen Germany
8. *Full Name of Father* Simon Schweineberg
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Kurh Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M. D.

Address No. 106 Columbia Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 1st 1875
4. Place of Birth (Street and Number)	No 16 Sterling st
5. Full Name of Mother	Floretta Bornschein
6. Mother's Maiden Name	Floretta Rose
7. Mother's Birthplace	Germany
8. Full Name of Father	Mr: Bornschein
9. Father's Occupation	Musican
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Hena Hillegeist
Address	No 182 Monument st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2712

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 2d 1875
4. Place of Birth (Street and Number)	No 353 Central Avenue
5. Full Name of Mother	Kate Luber
6. Mother's Maiden Name	Kate Krueger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Luber
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Henry Hillegeist
Address	No 152 Monument Street
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Emmer Pearce

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colorde
3. Date of Birth May 2d 1875
4. Place of Birth (Street and Number) Norris Alley No 2
5. Full Name of Mother Harret A Pearce
6. Mother's Maiden Name Harret A Druet
7. Mother's Birthplace Baltimore City
8. Full Name of Father Samuel Pearce
9. Father's Occupation A Waiter
10. Father's Birthplace Williamsport

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarh Smuthers

Address 36 Morse Alley

Remarks helthey

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2714

RETURN OF A BIRTH.

GIVEN NAME ADDED 7-30-54

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPARTMENT MAY 9 1875 BALTIMORE

BALTIMORE CITY

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: Francis Joseph McKenna

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 2nd 1875
4. Place of Birth (Street and Number)	Baltimore Decher Street 115
5. Full Name of Mother	Catherine McKenna
6. Mother's Maiden Name	Catherine Faudly
7. Mother's Birthplace	Ireland
8. Full Name of Father	John McKenna
9. Father's Occupation	Policeman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Julia Macaboy
Address	
Remarks	

2715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1876 BALTIMORE.

Harkles and ~~Louser~~ Hebran had a Child born on May

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) may the 2 and

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord
3. Date of Birth may the 2 and
4. Place of Birth (Street and Number) Chemut Alley 113
5. Full Name of Mother Louser Hebran
6. Mother's Maiden Name Louser Baltimore
7. Mother's Birthplace Warren Co Via
8. Full Name of Father Harkles Hebran
9. Father's Occupation Pod Carlier
10. Father's Birthplace Laurel. Prince. Georges. Co. M D

Name of Medical Attendant, or other Person who makes this Return. Charloot Warren

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	W
3. Date of Birth	May 8 75
4. Place of Birth (Street and Number)	294 Eastern av.
5. Full Name of Mother	Marie M. Clan
6. Mother's Maiden Name	gin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	frane M. Clan
9. Father's Occupation	Police
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 E Lombard st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* May the 2 1875
4. *Place of Birth (Street and Number)* Montgomery St No 59
5. *Full Name of Mother* Gracy Brown
6. *Mother's Maiden Name* Gracy Turner
7. *Mother's Birthplace* Baltimore MD
8. *Full Name of Father* John Brown
9. *Father's Occupation* 0
10. *Father's Birthplace* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Millie Gross

Address Pc Patapsco an No 1

Remarks 0

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* Morning of May 2nd 1875
4. *Place of Birth (Street and Number)* No. 48 Rac[illegible] Street
5. *Full Name of Mother* Mary Redick
6. *Mother's Maiden Name* Mary Redick
7. *Mother's Birthplace* Norfolk Virginia
8. *Full Name of Father* Joseph Butler
9. *Father's Occupation* Works in a Brick Yard
10. *Father's Birthplace* Norfolk Virginia

Name of ~~Medical Attendant~~, or other Person who makes this Return. Nancy Lokey

Address No. 6 Clarks Alley

Remarks Child healthy, and very large

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 D

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 2
4. Place of Birth (Street and Number) Gough st No 23.
5. Full Name of Mother Catherana Smith
6. Mother's Maiden Name Catherana Litz
7. Mother's Birthplace Germany
8. Full Name of Father Theodore Smith
9. Father's Occupation Crackerbaker
10. Father's Birthplace Rote

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemonn

Address No 70 Franey st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 2nd 1875
4. Place of Birth (Street and Number) 407 Eastern Ave
5. Full Name of Mother Mary Seabreese
6. Mother's Maiden Name Mary McAbb
7. Mother's Birthplace Balto.
8. Full Name of Father Alonza Seabreese
9. Father's Occupation Labourer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Frey

Address 193 So Chester St

Remarks Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2721

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sunday May 2nd 75
4. *Place of Birth (Street and Number)* No. 8 Hillman st
5. *Full Name of Mother* Mary Carlin
6. *Mother's Maiden Name* Mary Spearman
7. *Mother's Birthplace* Manchester England
8. *Full Name of Father* Jas. Edward Carlin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Talbot County Md

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M.D.

Address 174 Eager st.

Remarks Delivered with forceps

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 2nd 1875
4. Place of Birth (Street and Number) 76 Stiles st Baltimore
5. Full Name of Mother Laura V. Tubman
6. Mother's Maiden Name Laura V Harman
7. Mother's Birthplace Md
8. Full Name of Father William H. Tubman
9. Father's Occupation Steavedore
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wilson

Address 53 East [illegible]

Remarks Charles Alfred Tubman

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2723

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 2nd 1875.

4. Place of Birth (Street and Number) 134 N. Bond St (up stairs)

5. Full Name of Mother Louisa Moore

6. Mother's Maiden Name Burket.

7. Mother's Birthplace Baltimore, Md

8. Full Name of Father John Moore

9. Father's Occupation Baker.

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mary K. Rudiger.

Address 134 N. Bond St.

Remarks

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2724

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2d May 1875
4. *Place of Birth (Street and Number)* No 60 South Eutaw st.
5. *Full Name of Mother* Indora J Stalfort
6. *Mother's Maiden Name* Indora J Schwartz
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Hugh H Stalfort
9. *Father's Occupation* Leather Business
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address 121 N. Caroline st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2725

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 2d 1875
4. Place of Birth (Street and Number)	Md Lying In Asylum 163 W. Lombard St
5. Full Name of Mother	Margaret Joyce
6. Mother's Maiden Name	Margaret Tucker
7. Mother's Birthplace	Petersburg Va
8. Full Name of Father	Jno Joyce
9. Father's Occupation	Farmer
10. Father's Birthplace	Petersburg Virginia
Name of Medical Attendant, or other Person who makes this Return.	D. A. Sinclair, M.D.
Address	Resident Physician Md. Lying In Asylum
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 17

2726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.) 17te

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth den 2ten Mai 1875
4. Place of Birth (Street and Number) No 40 South Durhamm str
5. Full Name of Mother Margaretha Larbeer
6. Mother's Maiden Name Margaretha Petzolt
7. Mother's Birthplace Probsdorf in Poeiern
8. Full Name of Father Johann Larbeer
9. Father's Occupation Worfarbeiter
10. Father's Birthplace Titschinkreut in Poeiern

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Rangach

Address South Wolf str No 28

Remarks Midwife

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 4

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 2 of may 1875
4. Place of Birth (Street and Number) No 24 South bond ST
5. Full Name of Mother Mary E Craig
6. Mother's Maiden Name Mary E Eaton
7. Mother's Birthplace Virginia
8. Full Name of Father Truman B Craig
9. Father's Occupation Brick maker
10. Father's Birthplace Ohioh

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Allen

Address 279 Mc Donogh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2728

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Black
3. Date of Birth May 2d 75
4. Place of Birth (Street and Number) 317 N. Howard St Balto
5. Full Name of Mother Charlotte Jackson
6. Mother's Maiden Name " Title
7. Mother's Birthplace Balto Co. Md.
8. Full Name of Father Elijah Jackson
9. Father's Occupation Laborer
10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. G. Lane Tancyhill

Address 129 W Biddle

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 2d 75
4. Place of Birth (Street and Number) Baker st. No 1
5. Full Name of Mother L. C. Morgan
6. Mother's Maiden Name L. Kurtz
7. Mother's Birthplace Baltimore
8. Full Name of Father Mac. Morgan
9. Father's Occupation Cart. driver
10. Father's Birthplace Balto County

Name of Medical Attendant, or other Person who makes this Return. Geo W Norris M.D.

Address

Remarks

*

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2
4. *Place of Birth (Street and Number)* 106 Wolch St.
5. *Full Name of Mother* Lavinia M.c Cabe
6. *Mother's Maiden Name* Sibyler
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Wm H. McCabe
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. D. Keller M.D

Address 89 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 3 1875

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 2nd 1875.
4. Place of Birth (Street and Number) No 102 S. Wolfe St
5. Full Name of Mother Sophia Loise
6. Mother's Maiden Name Sophia Becker.
7. Mother's Birthplace America
8. Full Name of Father Charles Loise
9. Father's Occupation Laborer.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend.

Address No 107 S. Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2732

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. Sex (state whether Male or Female) .....

2. Race or Color (if not of the white race) .....

3. Date of Birth .....

4. Place of Birth (Street and Number) .....

5. Full Name of Mother .....

6. Mother's Maiden Name .....

7. Mother's Birthplace .....

8. Full Name of Father .....

9. Father's Occupation .....

10. Father's Birthplace .....

Name of Medical Attendant, or other Person who makes this Return. .....

Address .....

Remarks .....

.....

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 1.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 3rd 1875.

4. Place of Birth (Street and Number) 272 N. Gay

5. Full Name of Mother Ella Blanche Cleaveland

6. Mother's Maiden Name " " " Hall

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles Pierce Cleaveland

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. M. Grayson

Address No. 15 Aisquith St

Remarks Healthy Child

D

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2734

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 3 1875

4. Place of Birth (Street and Number) N 186 Chapel St. F.P.

5. Full Name of Mother Liza Dunigan Schneicher

6. Mother's Maiden Name Liza Dunigan

7. Mother's Birthplace America

8. Full Name of Father F. Schneicher

9. Father's Occupation Laborer

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms

Address N 178 Chapel St. F.P.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 3d
4. Place of Birth (Street and Number) 40 South Poppleton
5. Full Name of Mother Mrs Hettie Small
6. Mother's Maiden Name Hettie Penny
7. Mother's Birthplace Anapolis
8. Full Name of Father George R. Small
9. Father's Occupation Conductor on the B. O. R. R.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lindner

Address 45 Monroe st

Remarks She fullfilled her Duty satisfactorly to all

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2736.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 3rd 1875
4. Place of Birth (Street and Number) 509 N. Gay St.
5. Full Name of Mother Mary Baker
6. Mother's Maiden Name Mary Foremanham
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Greenbury Wilson Baker
9. Father's Occupation Milkman
10. Father's Birthplace Balt. Md.

Name of Medical Attendant, or other Person who makes this Return: G. Glanville, Rusk L.D.

Address Balt. & Washington, Sy.

Remarks Natural.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2737

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 3 the 1875
4. Place of Birth (Street and Number)	Camden St No. 73
5. Full Name of Mother	Cecilia Pfeffer Korn
6. Mother's Maiden Name	Einstein
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Pfeffer Korn
9. Father's Occupation	Grocery
10. Father's Birthplace	Oberlustnia Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Miss Klara Martin
Address	128 West St
Remarks	

Read Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2738

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Second Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 3 day of may
4. Place of Birth (Street and Number) Tempel St number 19
5. Full Name of Mother Elizabeth Huse
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore City
8. Full Name of Father ——
9. Father's Occupation ——
10. Father's Birthplace ——

Name of Medical Attendant, or other Person who makes this Return.

Address Marier Garden Midwife

Remarks 5P ~~[illegible]~~ East St

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2739

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 to 3 "
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	W
3. Date of Birth	3 " May 1875
4. Place of Birth (Street and Number)	381. Eastern av.
5. Full Name of Mother	Barbara Zirkel
6. Mother's Maiden Name	" Ruppert
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Zirkel
9. Father's Occupation	Tinsmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 east Lombard st
Remarks	

2740

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3 of May
4. *Place of Birth (Street and Number)* 860 Rut stret
5. *Full Name of Mother* Antonia Lanske
6. *Mother's Maiden Name* Todorski
7. *Mother's Birthplace* Marritzen Prusia
8. *Full Name of Father* Lorenca Lanske
9. *Father's Occupation* by the Railroad
10. *Father's Birthplace* Murritzen Prusia

Name of Medical Attendant, or other Person who makes this Return. Amalia Gerstenberger

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penal Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

2741

HEALTH DEPARTMENT
MAY
6
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 3rd 1875.
4. Place of Birth (Street and Number)	32 N. Liberty st
5. Full Name of Mother	Rosa Busey
6. Mother's Maiden Name	Rosa Rust
7. Mother's Birthplace	Balt. Md
8. Full Name of Father	Geo. O. Busey
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. Glanville, Rush Pa. D.
Address	Balt & Washington Rds.
Remarks	Natural.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

See Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

2742

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro,

3. Date of Birth 3d May 1875.

4. Place of Birth (Street and Number) 110 Harmony St

5. Full Name of Mother Alice Blake

6. Mother's Maiden Name Alice Jones.

7. Mother's Birthplace Pr Geo Co Md

8. Full Name of Father Charles Blake

9. Father's Occupation Hod Carrier

10. Father's Birthplace Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo C Ogle M D

Address 229 Cary St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

D 134
2743

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
6
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	May 3d 1875
4. Place of Birth (Street and Number)	N. 11 Eastern Balto
5. Full Name of Mother	Mary B Hilberg
6. Mother's Maiden Name	Mary Beatty
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Francis L Hilberg
9. Father's Occupation	Teacher
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Wm Murray
Address	73 Franklin Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
6
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) [illegible]

1. Sex (state whether ~~Male~~ or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 5th 1875

4. Place of Birth (Street and Number) 861 W Balto. St.

5. Full Name of Mother Bridget Kelly

6. Mother's Maiden Name Bridget Hickey

7. Mother's Birthplace Ireland

8. Full Name of Father Wm J. Kelly

9. Father's Occupation Mechanic

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. Officer M.D.

Address 379 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty of Fifty Dollars in the City of Baltimore.

2745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 3rd
4. Place of Birth (Street and Number) S. Wolf St. #195
5. Full Name of Mother Sofie Hohnitz
6. Mother's Maiden Name Sofie Rebke
7. Mother's Birthplace Buckau (in Germany)
8. Full Name of Father Ernst Hohnitz
9. Father's Occupation Bricklayer
10. Father's Birthplace Buckau (Germany)

Name of Medical Attendant, or other Person who makes this Return. Maria Dedere

Address #28 S. Durham St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2746

HEALTH DEPARTMENT MAY 4 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3nd "

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* May 3nd "

4. *Place of Birth* (Street and Number) Locust Point

5. *Full Name of Mother* Elizabeth ~~Fister~~ Renner

6. *Mother's Maiden Name* Elisabeth Fister

7. *Mother's Birthplace* Germany

8. *Full Name of Father* George Renner

9 *Father's Occupation* Laborer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Francis Lederer

Address 23 S. Durham

Remarks Died one hour after it was born.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 4th, 1875
4. Place of Birth (Street and Number) Lanvale st. - house has no number
5. Full Name of Mother Mary Ann Taylor
6. Mother's Maiden Name Mary Catharine Cornish
7. Mother's Birthplace Baltimore City
8. Full Name of Father Henry Taylor
9. Father's Occupation Hod carrier
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Lucy Cornish

Address 14 Jordan alley

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7th
4. Place of Birth (Street and Number)	421 Light St
5. Full Name of Mother	Emma Holl
6. Mother's Maiden Name	Koch
7. Mother's Birthplace	Prussia
8. Full Name of Father	Wm. Holl
9. Father's Occupation	Glass Cutter
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch 328 South Eutaw St.
Address	
Remarks	

Certificate of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th May
4. Place of Birth (Street and Number)	107 Henrietta St
5. Full Name of Mother	Dowdeen Patz
6. Mother's Maiden Name	Wachmuth
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Patz
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 S Eutaw St.
Remarks	B M

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2750

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May. 4. 1875
4. Place of Birth (Street and Number) 60 Division St
5. Full Name of Mother Mary Sherly
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father James Sherly
9. Father's Occupation Furniture
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. F. A. Kemp M. D.

Address 55 N Greene St.

Remarks

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

2757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth May 4 the 1875
4. Place of Birth (Street and Number) Battery Avenue No. 134
5. Full Name of Mother Sophie Weiler
6. Mother's Maiden Name Sophie Beighert
7. Mother's Birthplace Konigsbaum Baden
8. Full Name of Father Rauchus Weiler
9. Father's Occupation Grocery
10. Father's Birthplace Fingbuch

Name of Medical Attendant, or other Person who makes this Return. Miss Klara Martin

Address 128 West St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 4th of May 1875
4. Place of Birth (Street and Number) South east corner of Warner @ Conway st
5. Full Name of Mother Josephine Neuhaus
6. Mother's Maiden Name Doell.
7. Mother's Birthplace Germana
8. Full Name of Father Charles Neuhaus
9. Father's Occupation Instrument maker.
10. Father's Birthplace Germana.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 213 Cross st.

Remarks House without Number.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2733

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	4 May
4. Place of Birth (Street and Number)	22 Hillman St
5. Full Name of Mother	Martha Baca
6. Mother's Maiden Name	Martha Keating
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Bacon
9. Father's Occupation	Shoe maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula S Christmer
Address	No 129 E Monument
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 4
4. *Place of Birth (Street and Number)* No. 93 E. Lombard st
5. *Full Name of Mother* Magdalena Euler
6. *Mother's Maiden Name* Magdalena Hauste
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Georgi Euler
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemonsen

Address No. 70 Granby st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2755

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the Sixt

1. Sex (state whether Male or Female) Female healthe

2. Race or Color (if not of the white race) white

3. Date of Birth Carron the 4th of May 1875

4. Place of Birth (Street and Number) North West Co of Pratt and Monroe St.

5. Full Name of Mother Frances Fisher

6. Mother's Maiden Name F. Riehl

7. Mother's Birthplace City of Baltimore

8. Full Name of Father George Fisher

9. Father's Occupation Bar Keeper

10. Father's Birthplace Germany Bavaria

Name of Medical Attendant, or other Person who makes this Return. Lizzie Killar

Address 1857 Small wood St. Balto.

Remarks

2756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 5th 1875
4. Place of Birth (Street and Number)	No. 2 Cuba Street Locust point
5. Full Name of Mother	Ludora Van Pelt
6. Mother's Maiden Name	Ludora Gosnell
7. Mother's Birthplace	Maryland
8. Full Name of Father	B. F. Van Pelt
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Margaret Esdel.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 5th 1875
4. Place of Birth (Street and Number)	88 Towson St. Locust Pt. Bd
5. Full Name of Mother	Christina Eliza Shriver
6. Mother's Maiden Name	Christina Lissa
7. Mother's Birthplace	Hohenzollern Germany
8. Full Name of Father	Henry Shriver
9. Father's Occupation	Laborer
10. Father's Birthplace	Hohenzollern Germany
Name of Medical Attendant, or other Person who makes this Return.	Margretta Ettel
Address	88 Towson St. Locust Pt. Bd
Remarks	Margret Ettel

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th May 1875
4. Place of Birth (Street and Number)	37 Pratt St.
5. Full Name of Mother	Paulina Korpel
6. Mother's Maiden Name	Paulina Birkert
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Korpel
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	James [illegible]
Address	254 Eastern Ave
Remarks	

2759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Wite
3. Date of Birth 5 May
4. Place of Birth (Street and Number) 37 Port street
5. Full Name of Mother Poulina Lurkhart
6. Mother's Maiden Name Poulina Kurbbel
7. Mother's Birthplace Baltimore
8. Full Name of Father Michale Lurkhart
9. Father's Occupation Laborer
10. Father's Birthplace Germenia

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley cal Morshane

Address No 12 Paterson Park avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 5th 1875.
4. Place of Birth (Street and Number)	308 W. Fayette
5. Full Name of Mother	Anna M. H. Marquis
6. Mother's Maiden Name	Anna M Kennedy
7. Mother's Birthplace	Lancaster Co. Pa.
8. Full Name of Father	David Calhoun Marquis
9. Father's Occupation	Minister of the Gospel
10. Father's Birthplace	Lawrence Co. Pa.
Name of Medical Attendant, or other Person who makes this Return.	W. P. Wilson M. D.
Address	146 Park Avenue
Remarks	

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2761

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 5th 1875
4. *Place of Birth (Street and Number)* 90 Harlem Ave
5. *Full Name of Mother* Mattie B. Beale
6. *Mother's Maiden Name* " " Hooff
7. *Mother's Birthplace* Alexandria
8. *Full Name of Father* A. Brooke Beale
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Norfolk

Name of Medical Attendant, or other Person who makes this Return. Philip C. Williams

Address 201 Madison Ave

Remarks

RETURN OF A BIRTH.

2762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 (Eight-)

1. Sex (state whether Male or Female) Fecmail

2. Race or Color (if not of the white race)

3. Date of Birth May 5th 1875

4. Place of Birth (Street and Number) 394 East Chase St

5. Full Name of Mother Laura Francis Barnes

6. Mother's Maiden Name Laura " Collins

7. Mother's Birthplace Baltimore City

8. Full Name of Father Christopher Barnes

9. Father's Occupation Brick Layer

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Ann R. Lloyd

Address No. 340 N. Chappel St

Remarks Assisted by Dr Sheuty

2763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 8th 1875
4. Place of Birth (Street and Number)	Baltimore Lombard st 111
5. Full Name of Mother	Elizabeth Handley
6. Mother's Maiden Name	Reads
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Handley
9. Father's Occupation	Conductor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm C. Mitchell
Address	No 8 Portein st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) may 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Cd
3. *Date of Birth* may 4
4. *Place of Birth (Street and Number)* 274 durham st
5. *Full Name of Mother* mary Cathren richard
6. *Mother's Maiden Name* mary Cathren simpson
7. *Mother's Birthplace* anne Coutty
8. *Full Name of Father* John Wesley simpson
9. *Father's Occupation* oyster sukker
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Mis heath Scots mid Wife

Address

Remarks

2765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 5 1875
4. *Place of Birth (Street and Number)* 5 hamilton st
5. *Full Name of Mother* Mary Chain Leiny
6. *Mother's Maiden Name* Mary Rawenaugh
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* F. J. Kenny
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Very irlient

Name of Medical Attendant, or other Person who makes this Return. Anna Messensel

Address 214 Creston st

Remarks Chilt and Mother is well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th mo 10 1875
4. Place of Birth (Street and Number)	373 East Baltimore St
5. Full Name of Mother	Fanny Willener
6. Mother's Maiden Name	Fanny Donohue
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Basil L. Willener
9. Father's Occupation	Ship Builder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Riley
Address	47 Lexington St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

See Record of Vital Statistics in the City of Baltimore.

2767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	5th May
4. Place of Birth (Street and Number)	No 119 South Regester Street
5. Full Name of Mother	Elisabeth ~~Kratzer~~ Dorbert
6. Mother's Maiden Name	Elisabeth ~~Dorbert~~ Kratzer
7. Mother's Birthplace	Frensdorf Germany
8. Full Name of Father	Adam Kratzer
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Reundorf Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Lederer No 23 S. Durham
Address	
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2768

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 mo 7 1875
4. Place of Birth (Street and Number)	Charles St & Dennead.
5. Full Name of Mother	Nora Gibbons
6. Mother's Maiden Name	Nora Hayward
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Gibbons
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. W. Riley
Address	47 Lexington
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Mai 5th 1875
4. *Place of Birth* (Street and Number) Chew St. No. 141
5. *Full Name of Mother* Katharina Wild
6. *Mother's Maiden Name* Katharine Vineis
7. *Mother's Birthplace* Vizum. V. Böhmen Oestreich Europa
8. *Full Name of Father* Mathias Wild
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Vizum V. Bohmen Oestreich Europa.

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No 26.

Remarks

2776

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3te Child

1. Sex (state whether Male ~~or Female~~) White

2. Race or Color (if not of the white race) White

3. Date of Birth Mai 5te 1875

4. Place of Birth (Street and Number) Eastern Av. No. 233

5. Full Name of Mother Anna Maier

6. Mother's Maiden Name Anna Klemm

7. Mother's Birthplace Baltimore City

8. Full Name of Father Wilhelm Maier

9. Father's Occupation none

10. Father's Birthplace Frankfurt V. Baiern, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St, No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 5. 1875
4. Place of Birth (Street and Number) No 226 Preston St.
5. Full Name of Mother Laura Eugenia Gafney
6. Mother's Maiden Name Laura Eugenia Kidd
7. Mother's Birthplace Ford Co. Maryland
8. Full Name of Father James Gafney
9. Father's Occupation Machinist
10. Father's Birthplace Mass —

Name of Medical Attendant, or other Person who makes this Return. Wm Howard MD

Address 228 Saratoga St

Remarks Natural labours at term —
perfect, & healthy in every respect

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty imposed by Vital Statistics of the City of Baltimore.

RETURN OF A BIRTH.

2772

HEALTH DEPARTMENT 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) ~~Injured~~ Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 5th of May 1875
4. *Place of Birth* (Street and Number) Balt Md Green Willow St
5. *Full Name of Mother* Eliza Cole
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Wm Cole
9. *Father's Occupation* Job Work
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

Act Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2773

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 5th 1875
4. Place of Birth (Street and Number)	490 Franklin St.
5. Full Name of Mother	Josephine Dorsey Cassell
6. Mother's Maiden Name	Anderson
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Jacob Henry Cassell
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis N. Knight M.D.
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2774

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 5 May
4. Place of Birth (Street and Number) 43 E. Fayette st.
5. Full Name of Mother Mary Kramer
6. Mother's Maiden Name Ballz
7. Mother's Birthplace St Louise
8. Full Name of Father Charles Kramer
9. Father's Occupation Baker
10. Father's Birthplace Germany (Biedenkopf)

Name of Medical Attendant, or other Person who makes this Return. Mrs. Marcard Reiz

Address 41 E. Fayette st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	6 of May
4. Place of Birth (Street and Number)	54 Somerset
5. Full Name of Mother	Agnes
6. Mother's Maiden Name	Hartman
7. Mother's Birthplace	Detroit Michigan
8. Full Name of Father	Adam Rosenberger
9. Father's Occupation	Mucetion
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Pfaff Midwife
Address	
Remarks	No. 79 Somerset Back

2776

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child.

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) the White race.
3. Date of Birth 6th of May.
4. Place of Birth (Street and Number) No 219 Preston Street.
5. Full Name of Mother Caty Winter.
6. Mother's Maiden Name Caty Zackel.
7. Mother's Birthplace born in Germany.
8. Full Name of Father Leopold Winter.
9. Father's Occupation a Watch maker.
10. Father's Birthplace born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigelding

Address No 14. Union Street.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 6th 1875
4. Place of Birth (Street and Number)	143 Eden St Balto. Md
5. Full Name of Mother	Mary Josephine Duff
6. Mother's Maiden Name	" " Burke
7. Mother's Birthplace	A. A. Co, Md
8. Full Name of Father	Thos Henry Duff
9. Father's Occupation	White Washer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Sophia Haines
Address	135 Chesnut St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2778

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 6th 1875.
4. *Place of Birth (Street and Number)* No 34 S. Wolfe str.
5. *Full Name of Mother* Magdelena Engelmann
6. *Mother's Maiden Name* Winkler
7. *Mother's Birthplace* City
8. *Full Name of Father* George Engelmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Europe.

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank sts.

Remarks

2779

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 12 1873 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th Child.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* May 6th 1873
4. *Place of Birth* (Street and Number) No 824 N Dallas str.
5. *Full Name of Mother* Anna Maggeretha Schumann.
6. *Mother's Maiden Name* " " Bühling
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Schumann
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank str

Remarks

2780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 6th 1875
4. Place of Birth (Street and Number) No 395 Eastern Ave.
5. Full Name of Mother Katie Miller
6. Mother's Maiden Name " Sandelbeck
7. Mother's Birthplace Germany.
8. Full Name of Father Martin Miller
9. Father's Occupation Laboror
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 1211 Bank str.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6. 1875
4. Place of Birth (Street and Number)	728 W. Pratt St.
5. Full Name of Mother	Mary Buffalo
6. Mother's Maiden Name	Mary Kelley
7. Mother's Birthplace	Frederick Co Md.
8. Full Name of Father	John Buffalo
9. Father's Occupation	Salesman
10. Father's Birthplace	South Carolina
Name of Medical Attendant, or other Person who makes this Return.	J. Shelton Hill M.D
Address	432 W Fayette St. city
Remarks	

2782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6 children

1. Sex (state whether Male or Female) ~~[illegible]~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth 6 of May 1875
4. Place of Birth (Street and Number) East Taette st 959
5. Full Name of Mother Eve Aftung
6. Mother's Maiden Name " Trabert
7. Mother's Birthplace ~~[illegible]~~ Hesen Germany
8. Full Name of Father Ferdinand ~~[illegible]~~ Trabert
9. Father's Occupation Shoe maker
10. Father's Birthplace ~~[illegible]~~ Germany Bayern

Name of Medical Attendant, or other Person who makes this Return. Cracentia Kunkel

Address 71 N. Chappel St — fr John Kunkel

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2783

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th 1875
4. *Place of Birth (Street and Number)* No 277 ~~Harrison~~ William st
5. *Full Name of Mother* Jennie E. ~~Grandis~~ Travers
6. *Mother's Maiden Name* Jennie E Grandis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel T. Travers
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

2784

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Männlich
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* 6 Mai
4. *Place of Birth (Street and Number)* 98 Liedenhal Strit
5. *Full Name of Mother* Rose Battenfelt
6. *Mother's Maiden Name* Rose Lieb
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Liete Battenfeld
9. *Father's Occupation* Becker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Liedenhal Strit

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2785

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6.ten

1. Sex (state whether Male or Female) Knabe
2. Race or Color (if not of the white race) weiß
3. Date of Birth 6.ten Mai 1875.
4. Place of Birth (Street and Number) Süd Bethelstraße 187.
5. Full Name of Mother Marie Anna Höfling
6. Mother's Maiden Name Zifp.
7. Mother's Birthplace Groß Heubach Kaupr. Bayern.
8. Full Name of Father Kaspar Höfling
9. Father's Occupation Tüncher
10. Father's Birthplace Groß Ostheim. Bayern

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Louise Kraft.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2786

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6th 1875
4. Place of Birth (Street and Number)	Baltimore Walker st. 7 75 15
5. Full Name of Mother	Amelia Hansberry
6. Mother's Maiden Name	Amelia Harper
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Hansburry
9. Father's Occupation	Coke cart
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No. 58 Parkin st
Remarks	

2787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 6th
4. *Place of Birth (Street and Number)* Wolsh St No 141
5. *Full Name of Mother* Margret S Suter
6. *Mother's Maiden Name* " Beecher
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* H & P Suter
9. *Father's Occupation*
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. OS Mahon M D.

Address

Remarks

2788

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Robert L. Kroll

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 6. 75
4. *Place of Birth* (Street and Number) 56 S Parkin St
5. *Full Name of Mother* Louisa S Kroll
6. *Mother's Maiden Name* Louisa S Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lewis J Kroll
9. *Father's Occupation* Piano Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. F. Kemp M.D.

Address 55 N Green st.

Remarks

RETURN OF A BIRTH.

2789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th 1875
4. *Place of Birth (Street and Number)* 73 Warner St
5. *Full Name of Mother* Alice Ann La Barrer
6. *Mother's Maiden Name* Wooley
7. *Mother's Birthplace* B City
8. *Full Name of Father* Samuel Edward La Barrer
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* B City

Name of Medical Attendant, or other Person who makes this Return. J H Currey

Address 76 S Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third –

1. *Sex (state whether Male or Female)* Female –
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 7th – 1875 –
4. *Place of Birth (Street and Number)* Biddle St –
5. *Full Name of Mother* Mary Virginia Goldsmith –
6. *Mother's Maiden Name* Miller –
7. *Mother's Birthplace* Balto –
8. *Full Name of Father* Egbert D. Goldsmith –
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith

Address 125 N. Charles st –

Remarks Labr. Natural and of short duration –

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 May 1875
4. Place of Birth (Street and Number)	No 106 Dugan Wharf Balto Md
5. Full Name of Mother	Bridgitt Cranwell
6. Mother's Maiden Name	Bridgitt Murray
7. Mother's Birthplace	Ireland
8. Full Name of Father	Joseph Cranwell
9. Father's Occupation	Mate of a Ship
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway Andre MD
Address	No 121 E Balto st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111 11

2792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	May 7th 1875
4. Place of Birth (Street and Number)	No 161 St Paul st Balto Md
5. Full Name of Mother	Priscilla Barker
6. Mother's Maiden Name	Priscilla Patterson
7. Mother's Birthplace	Harford co Md
8. Full Name of Father	John A Barker
9. Father's Occupation	Estate agent
10. Father's Birthplace	Delaware
Name of Medical Attendant, or other Person who makes this Return.	C H Patterson M D
Address	No 23 Franklin Balto
Remarks	

RETURN OF A BIRTH.

2793

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7th 1875
4. Place of Birth (Street and Number)	49 Lamanye St Canton
5. Full Name of Mother	Mary Hopkins
6. Mother's Maiden Name	Mary Corrigan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Samuel Hopkins
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Wales
Name of Medical Attendant, or other Person who makes this Return.	Wm E. Frey
Address	193 S Chester St
Remarks	Healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

2794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) B

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 7th 1875 9 30 [illegible]

4. Place of Birth (Street and Number) 51 So. Ann St.

5. Full Name of Mother Catherine Margaret Olwine

6. Mother's Maiden Name Catherine Margaret Barickman

7. Mother's Birthplace Baltimore City

8. Full Name of Father Augustus Henry Olwine Jr.

9. Father's Occupation House Carpenter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address 69 So. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) Colored.
3. *Date of Birth* May 7th 1875.
4. *Place of Birth* (Street and Number) 39 Valley St.
5. *Full Name of Mother* Anna Mason.
6. *Mother's Maiden Name* Anna Baily.
7. *Mother's Birthplace* Baltimore County.
8. *Full Name of Father* Henry Mason.
9. *Father's Occupation* Sailor.
10. *Father's Birthplace* Fredericksburg.

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen.

Address 23 d. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2796

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* May 7th
4. *Place of Birth* (Street and Number) Liberty & Barnet Sts
5. *Full Name of Mother* Fanny Morrison
6. *Mother's Maiden Name* Fanny Mulley
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* Robert D Morrison
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Wheeling W Va

Name of Medical Attendant, or other Person who makes this Return. R. M. Wilson

Address 257 Madison Ave

Remarks

2797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 1
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* May 7th 1875
4. *Place of Birth* (Street and Number) No 111 Cambridge st.
5. *Full Name of Mother* Vandina Krauk
6. *Mother's Maiden Name* " Stolze.
7. *Mother's Birthplace* Europe
8. *Full Name of Father* Fred Krauk
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

2798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 7th 1875
4. *Place of Birth (Street and Number)* No 182 S Bond st.
5. *Full Name of Mother* Mary Biermann
6. *Mother's Maiden Name* Mary Drefas
7. *Mother's Birthplace* Europe
8. *Full Name of Father* John ~~Drefas~~ Biermann
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

2799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 7th 1875
4. *Place of Birth (Street and Number)* No 86 Albermarle st
5. *Full Name of Mother* Latta Smith
6. *Mother's Maiden Name* Lotta Schaub
7. *Mother's Birthplace* City
8. *Full Name of Father* Herman Smith
9. *Father's Occupation*
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Bushmann

Address 120 Bank str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2800

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 7th 1875
4. *Place of Birth (Street and Number)* 254 N Eden St
5. *Full Name of Mother* Isabella McElroy
6. *Mother's Maiden Name* " Heilzelk
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Robert J. McElroy
9. *Father's Occupation* Bar Keeper
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address 1306 N Caroline St

Remarks

RETURN OF A BIRTH.

2801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE.

Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

state whether ~~Male~~ or Female)

or Color (if not of the white race) White

of Birth 7th May

of Birth (Street and Number) 15 New St

Name of Mother Mary E Hagen

r's Maiden Name " " Hall

r's Birthplace Virginia

Name of Father Jno H Hagen

r's Occupation Carriage Painter

r's Birthplace Virginia

of Medical Attendant, or other Person who makes this Return. W W Hartman M D

ess 192 Pearl St

rks Child weighed 13 lbs

RETURN OF A BIRTH.

2802

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 7th
4. Place of Birth (Street and Number)	Baltimore. Conway Street. No. 42
5. Full Name of Mother	Emily. J. Crittenden.
6. Mother's Maiden Name	Emily J. Summerson.
7. Mother's Birthplace	Middlesex. County Va.
8. Full Name of Father	Andrew. Crittenden.
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Middlesex County Va.
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Scarborough
Address	Number 202 South Charles St
Remarks	

2803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. MAY 11 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 7th 1875
4. *Place of Birth (Street and Number)* No 9 Wilkins Avenue
5. *Full Name of Mother* Sarah Rebecca Maul
6. *Mother's Maiden Name* Sarah Rebecca Wilson
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Edward Maul
9. *Father's Occupation* House Painter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Womble M. D.

Address No 203 West Lombard St. Balt. Md.

Remarks

2804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 7th 1875
4. Place of Birth (Street and Number) No 2.11 Aisquith St
5. Full Name of Mother Bernadina Hebranch
6. Mother's Maiden Name Bernadina Willinger
7. Mother's Birthplace Baltimore
8. Full Name of Father Jos. Hebranch
9. Father's Occupation Barber
10. Father's Birthplace Lancaster Pa.

Name of Medical Attendant, or other Person who makes this Return. Lena Hillegeist

Address No 182 Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2805

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	7th of May 1875
4. *Place of Birth* (Street and Number)	No 316 Cross st.
5. *Full Name of Mother*	Louise Stumpf
6. *Mother's Maiden Name*	Bixler
7. *Mother's Birthplace*	America
8. *Full Name of Father*	John Stumpf
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2806

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first 1

1. Sex (state whether Male or Female) female

2. Race or Color (~~if not of the white race~~) Colard

3. Date of Birth 1875 May 7 at nine oClock

4. Place of Birth (Street and Number) No 31 Hiling St Baltimore Md

5. Full Name of Mother not learned

6. Mother's Maiden Name Hennoratt Gilard

7. Mother's Birthplace Baltimor City

8. Full Name of Father Jame Hall Baltimor City

9. Father's Occupation marchen

10. Father's Birthplace Baltimor Md

Name of Medical Attendant, or other Person who makes this Return. Dr. Hgreek

Address No 99 north St

Remarks

RETURN OF A BIRTH.

2807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 8th 1875
4. Place of Birth (Street and Number)	No 15 Holl St. near Monument St. Balt.
5. Full Name of Mother	Mary Catharine Amos
6. Mother's Maiden Name	Mary Catharine Gunstrum
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Charles Amos
9. Father's Occupation	
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A Butt
Address	No 209 Monument St cor. of Central Avenue.
Remarks	Call on good order.

2808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 8th 1875

4. *Place of Birth (Street and Number)* N 320 Washington St. cor Eastern av. F.P.

5. *Full Name of Mother* Rachel Kelley Stevens

6. *Mother's Maiden Name* Rachel Kelley.

7. *Mother's Birthplace* America

8. *Full Name of Father* William Stevens

9. *Father's Occupation* Laborer

10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms

Address No 178 O Chapple St. F. P.

Remarks

RETURN OF A BIRTH.

2809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 1
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	Twenty first
4. Place of Birth (Street and Number)	5 of May 1875
5. Full Name of Mother	Margaret Pabst
6. Mother's Maiden Name	Margaret Pabst
7. Mother's Birthplace	Germany
8. Full Name of Father	Frat Pabst
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Magarenus
Address	Basel St 170
Remarks	

2810

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 8th 1875
4. Place of Birth (Street and Number)	19 New Church Street
5. Full Name of Mother	Carline Likler
6. Mother's Maiden Name	C. Lauber
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	Jacob Likler
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	50 Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Whit
3. Date of Birth 8 of May
4. Place of Birth (Street and Number) Monument St. near Smith
5. Full Name of Mother Clara
6. Mother's Maiden Name Cichn
7. Mother's Birthplace ~~Moisius~~ ~~Franz~~ York Pa.
8. Full Name of Father Moisius Franz
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dorothea Hare Midwife

Address

Remarks N. 79 Somerset. St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2812

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 8th 1875.
4. Place of Birth (Street and Number)	104 Pine Street
5. Full Name of Mother	Johanna Schmidt
6. Mother's Maiden Name	J. Hahn
7. Mother's Birthplace	Hesse Germany
8. Full Name of Father	Henry Schmidt
9. Father's Occupation	Baker
10. Father's Birthplace	Hesse Germany
Name of Medical Attendant, or other Person who makes this Return.	Louise Meyer
Address	56 Pearl Street
Remarks	

RETURN OF A BIRTH.

2813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 8th 1875
4. *Place of Birth* (Street and Number) Baltimore. 699 Lexington st
5. *Full Name of Mother* Amelia L Farber
6. *Mother's Maiden Name* Amelia L Stalfort
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Martin Henry Farber
9. *Father's Occupation* Commercial Traveler
10. *Father's Birthplace* Bavaria. Germany

Name of Medical Attendant, or other Person who makes this Return. Wm H Davis M. D

Address

Remarks

2814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 child

1. *Sex (state whether Male or Female)* Boy child
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* born the 8th of May 1875
4. *Place of Birth (Street and Number)* East Lombart St 468
5. *Full Name of Mother* Maggie Lavaren
6. *Mother's Maiden Name* Maggie Clayton
7. *Mother's Birthplace* born in Baltimore
8. *Full Name of Father* James P Clayton
9. *Father's Occupation* Capenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gracensitia Kunkel

Address 71 N. Chapel St. pr John Kunkel

Remarks

2815

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
12
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	193 Sharp St
4. Place of Birth (Street and Number)	8th May
5. Full Name of Mother	Fredericka Ay
6. Mother's Maiden Name	Ebert
7. Mother's Birthplace	Prussia
8. Full Name of Father	Martin Ay
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	128 S Eutaw St
Remarks	

2516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 des Child

1. *Sex (state whether Male or Female)* White
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Mai 8th 1875
4. *Place of Birth (Street and Number)* Holl St. No 13.
5. *Full Name of Mother* Theresia Harms
6. *Mother's Maiden Name* Theresia Reuter
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Harms
9. *Father's Occupation* Eigarren maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 8th 1875
4. Place of Birth (Street and Number) No 213 W. Lombard St.
5. Full Name of Mother Amelia Hecht
6. Mother's Maiden Name Amelia Rosenwald
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Jacob Hecht
9. Father's Occupation Wholesale Metal Merchant
10. Father's Birthplace Mainstadt Grand Duchy Baden

Name of Medical Attendant, or other Person who makes this Return. Penbroke M. Hamilton M.D.

Address No 203 W. Lombard St. Balt. Md.

Remarks

2818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth May 8 1875
4. Place of Birth (Street and Number) 99 Tensexeny a w
5. Full Name of Mother Katy Shate
6. Mother's Maiden Name Katy Falz
7. Mother's Birthplace brounswick pruckey
8. Full Name of Father Mickel Shate
9. Father's Occupation ~~Kr~~ browicking store
10. Father's Birthplace Kingtom of bewerrn

Name of Medical Attendant, or other Person who makes this Return. Anna Messensel

Address 214 breston ~~store~~

Remarks Mother anat Chilt well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2819

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 8 th 1875
4. *Place of Birth (Street and Number)* Battery Avenue N. 102.
5. *Full Name of Mother* Louisa Heilkhaus
6. *Mother's Maiden Name* Louisa Berikuwede
7. *Mother's Birthplace* New Geiry in hülsen
8. *Full Name of Father* Bernard Heilkhaus
9. *Father's Occupation* Saper
10. *Father's Birthplace* Alphausen

Name of Medical Attendant, or other Person who makes this Return. Miss Hlara Martin

Address West St No. 128

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2820 ~~2816~~

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 8 Mai
4. *Place of Birth (Street and Number)* 8 Sangpeter Strit
5. *Full Name of Mother* Maria Strosch
6. *Mother's Maiden Name* Maria Schmehl
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Kuhn Strosch
9. *Father's Occupation* Schreiner
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 9th Ninth 1875
4. Place of Birth (Street and Number) Baltimore No Seven Cuba St
5. Full Name of Mother Catherine Teresa
6. Mother's Maiden Name Catherine Teresa Wallace
7. Mother's Birthplace County Roscommon Ireland
8. Full Name of Father John Madden
9. Father's Occupation Occupation under Board of Health
10. Father's Birthplace County Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettle 13 Cuba street

Address Locust point

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2822

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* May 9th, 1875
4. *Place of Birth* (Street and Number) 63 Holland St
5. *Full Name of Mother* Mary Elgast
6. *Mother's Maiden Name* Mary Elgast
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Elgast
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A. F. Erich M.D.

Address 94 S. Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2823

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 9 of May
4. *Place of Birth (Street and Number)* 9 Eagar Near Broadway
5. *Full Name of Mother* Mary Ann
6. *Mother's Maiden Name* Bool
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Wiliam Parr
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Dorothea Parr Midwife

Address

Remarks N. 79 Somerset St

RETURN OF A BIRTH.

2824

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 9th
4. *Place of Birth (Street and Number)* No 124 East Fayette St
5. *Full Name of Mother* Margaret E. A ~~Swift~~ Swift
6. *Mother's Maiden Name* Margaret E A Fuller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Chaney Swift
9. *Father's Occupation* Cracker Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Price

Address Mary E Price 196 E. Broadway

Remarks

2825

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) ~~American~~ Jewish

3. Date of Birth May 9th 1875

4. Place of Birth (Street and Number) Lowe St 128

5. Full Name of Mother Sahra Oppenheimer

6. Mother's Maiden Name Sahra Hoventhal

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Hermann Oppenheimer

9 Father's Occupation Dealer in second hand furniture

10. Father's Birthplace Franz.

Name of Medical Attendant, or other Person who makes this Return. Mrs Bore Ulbig

Address No 48 Holland St Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2821

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
18
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	9 of May
4. Place of Birth (Street and Number)	453 Light Ste
5. Full Name of Mother	Christina Louise Lamye
6. Mother's Maiden Name	
7. Mother's Birthplace	Engelsstadt, Braunschweig
8. Full Name of Father	Friedrich William Aschemeyer
9. Father's Occupation	Merchant Tailor
10. Father's Birthplace	Holzhausen, Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. String
Address	Friedrich William 453 Light Street.
Remarks	(Aschemeier)

2827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 9th of May, 1875
4. Place of Birth (Street and Number) 280 N. Ann St.
5. Full Name of Mother Sarah Birmingham
6. Mother's Maiden Name " Shedler
7. Mother's Birthplace Balto Md.
8. Full Name of Father William Birmingham
9. Father's Occupation Tailor
10. Father's Birthplace Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Mary A. Allwell

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2828

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 9 1875

4. *Place of Birth (Street and Number)* 12 ½ Edward St

5. *Full Name of Mother* Mary Williams

6. *Mother's Maiden Name* Mary McTavish

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* John Williams

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Schultz

Address

Remarks

2529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Live

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 9th 1875
4. *Place of Birth* (Street and Number) No 56 Essex st
5. *Full Name of Mother* Mrs Indiana Jarrett
6. *Mother's Maiden Name* Mrs Indiana Barkley
7. *Mother's Birthplace* Wicomico County Md
8. *Full Name of Father* Mr James Jarrett
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Wicomico County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Harrington

Address No 63 Park st

Remarks

2830

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	May 7th 1875
4. Place of Birth (Street and Number)	107 Elbow Lane
5. Full Name of Mother	Mary Williams
6. Mother's Maiden Name	Ayers
7. Mother's Birthplace	
8. Full Name of Father	John Williams
9. Father's Occupation	Hostler
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Lewis M. Eastman
Address	349 Levin Stm St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 8th
4. Place of Birth (Street and Number)	223 S Wolf St
5. Full Name of Mother	Katharine Ritter
6. Mother's Maiden Name	Katharine Riegener
7. Mother's Birthplace	Hessen
8. Full Name of Father	Johann Ritter
9. Father's Occupation	Laborer
10. Father's Birthplace	Baden
Name of Medical Attendant, or other Person who makes this Return.	Regina Haidlage
Address	No 289 S Bond St
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Just Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th May
4. Place of Birth (Street and Number)	135 Hamburg
5. Full Name of Mother	Elizabeth Krieg
6. Mother's Maiden Name	Kirchbach
7. Mother's Birthplace	Near Hessen
8. Full Name of Father	Rudolf Krieg
9. Father's Occupation	Farmer Switzerland
10. Father's Birthplace	Labarer
Name of Medical Attendant, or other Person who makes this Return.	Mary Krieg
Address	328 Eutaw St
Remarks	

2833

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
16
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 ord
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	9th May
4. *Place of Birth* (Street and Number)	276 North Bond St
5. *Full Name of Mother*	S. E. Roberts
6. *Mother's Maiden Name*	S. E. Whitney
7. *Mother's Birthplace*	Govanstown Md.
8. *Full Name of Father*	H. L. Roberts
9. *Father's Occupation*	Cigar Smoker
10. *Father's Birthplace*	Md.
Name of Medical Attendant, or other Person who makes this Return.	G. W. Simpson M.D.
Address	
Remarks	

2834

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex* (state whether Male ~~or Female~~) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Mai 9th 1875.
4. *Place of Birth* (Street and Number) Lancaster St. No, 109.
5. *Full Name of Mother* Mary Menkens;
6. *Mother's Maiden Name* Mary Dankmeier
7. *Mother's Birthplace* Backhausen Pr. Preussen Germany;
8. *Full Name of Father* Bernhard Menkens.
9. *Father's Occupation* none
10. *Father's Birthplace* Allenesch, Pr. Preussen, Germany

Name of Medical Attendant or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No, 26.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2834

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 10th 1875.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 9th 1875.
4. Place of Birth (Street and Number) Highlandtown
5. Full Name of Mother Catty Reife
6. Mother's Maiden Name Caty Mitlanter.
7. Mother's Birthplace Germania
8. Full Name of Father George Reife
9. Father's Occupation Butcher.
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S. Wolfe St.

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2836

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) Colord

3. Date of Birth 9 May Baltimore Md

4. Place of Birth (Street and Number) Baltimore Md Jerham St 4

5. Full Name of Mother Mrs John Gerahaham

6. Mother's Maiden Name Lily Fairfox

7. Mother's Birthplace Georga

8. Full Name of Father John Gerham

9. Father's Occupation Common labor

10. Father's Birthplace Tennessee

Name of Medical Attendant, or other Person who makes this Return. Sarah Liles

Address 247 Orleans street

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2837

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
10
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born May 9th 1875
4. *Place of Birth (Street and Number)* No 12 Webster Row
5. *Full Name of Mother* Mary Hagen
6. *Mother's Maiden Name* Mary Ward
7. *Mother's Birthplace* County Galway Ireland
8. *Full Name of Father* John Hagan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* County Galway Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Ward

Address No 4 Webster Row

Remarks

No 16

2838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE

No. of Child of Mother (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth May 9th 6 30 A.M.
4. Place of Birth (Street and Number) 75 South Central Av
5. Full Name of Mother Sarah A. Males
6. Mother's Maiden Name " " Todd
7. Mother's Birthplace Baltimore
8. Full Name of Father Benjamin Males
9. Father's Occupation Teamster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Tregr Shertzer M.D.

Address 117 East Baltimore St.

Remarks This patient a large healthy woman, lost at least half gallon blood.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2839

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd —

1. Sex (state whether Male or Female) Female —
2. Race or Color (if not of the white race) White
3. Date of Birth May 9th 1875
4. Place of Birth (Street and Number) Cor Douglas & Forrest.
5. Full Name of Mother Mary Bennett
6. Mother's Maiden Name —
7. Mother's Birthplace Ireland —
8. Full Name of Father Christopher Bennett.
9. Father's Occupation Store Keeper —
10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. W C Dohme - M D

Address 86 - E - Fayette Str

Remarks

Child lived only ~~[illegible]~~ hours

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2840

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White Race.
3. Date of Birth May 10th. 1875.
4. Place of Birth (Street and Number) 109 Hennetta Street.
5. Full Name of Mother Mary F. Adams.
6. Mother's Maiden Name Mary F. Schultz.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Theodore Moos Adams.
9. Father's Occupation Frame Marker
10. Father's Birthplace Richmond Va.

Name of Medical Attendant or other Person who makes this Return.

Address Mrs. M. Strenz.

Remarks No. The Lieutenant Street

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2841

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 27
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex* (state whether Male or Female) Female Child Born May 10-1875
2. *Race or Color* (if not of the white race) Light brown
3. *Date of Birth* May 10
4. *Place of Birth* (Street and Number) Spring street No 39
5. *Full Name of Mother* Amey Flutcher
6. *Mother's Maiden Name* Amey Dorrell
7. *Mother's Birthplace* M. d
8. *Full Name of Father* Theodore Flutcher
9. *Father's Occupation* Laber
10. *Father's Birthplace* M . d

Name of Medical Attendant, or other Person who makes this Return. Alice Ann Chaplin

Address No 69 s Bethel st Bdt

Remarks Md

2842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10 the May 1875
4. Place of Birth (Street and Number) Johnson st No. 148
5. Full Name of Mother Sofier Mongomery
6. Mother's Maiden Name Sofier Trian
7. Mother's Birthplace in Phia
8. Full Name of Father Edward Mongomery
9. Father's Occupation Labor
10. Father's Birthplace in Virginia

Name of Medical Attendant, or other Person who makes this Return. Miss Martin

Address West st No. 428

Remarks

2843

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Fifty Dollars in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Child

1. *Sex (state whether Male or Female)* Boy

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May the 10. 1875

4. *Place of Birth (Street and Number)* Battery Avenue No. 274

5. *Full Name of Mother* Josephine Johnsen

6. *Mother's Maiden Name* Josephine Groff

7. *Mother's Birthplace* Montgomery County

8. *Full Name of Father* Charles Johnsen

9. *Father's Occupation* Brick maker

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Hlara Martin

Address West St No. 125

Remarks

RETURN OF A BIRTH.

~~2844~~
2844

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13. Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 10. of May 1875
4. Place of Birth (Street and Number) Light St No. 594
5. Full Name of Mother Margret Miller
6. Mother's Maiden Name Margret Forman
7. Mother's Birthplace Saught Corlaine
8. Full Name of Father Gorge Miller
9. Father's Occupation Brick Maulder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Martin

Address West St No. 128

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Second [illegible]
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	The Color of Child is yellow
3. Date of Birth	Date of Birth on 10 of May
4. Place of Birth (Street and Number)	Place of Birth 87 Orleans St
5. Full Name of Mother	Name of mother Lydia Thomas
6. Mother's Maiden Name	Mothers Maiden name Lydia Parsons
7. Mother's Birthplace	Born in St Mary's County
8. Full Name of Father	Name of Father Robbert Jones
9. Father's Occupation	Fathers occupation Army man
10. Father's Birthplace	Father Birthplace Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Mide wife Name Harriet Britton
Address	No 70 north Amity St
Remarks	

RETURN OF A BIRTH.

2846

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Four
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 10th 1875
4. Place of Birth (Street and Number)	154 Fremont
5. Full Name of Mother	Anna Elizabeth Taylor
6. Mother's Maiden Name	Anna Elizabeth Staff
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Baldwin Taylor
9. Father's Occupation	Furniture Dealer
10. Father's Birthplace	Prince Georges Co. Md
Name of Medical Attendant, or other Person who makes this Return.	W. M. Carlson
Address	166 S. Paca St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Any Record of Births, Marriages in the City of Baltimore.

RETURN OF A BIRTH.

2854

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 May
4. Place of Birth (Street and Number)	304 West Pratt St.
5. Full Name of Mother	Catharina Sandmann
6. Mother's Maiden Name	Catt Guenenstette
7. Mother's Birthplace	Holdorf Oldenburg
8. Full Name of Father	Heinrich Sandmann
9. Father's Occupation	Cegar maker
10. Father's Birthplace	Lohne Oldenburg
Name of Medical Attendant, or other Person who makes this Return.	Annie Lumler
Address	No 60 North Schroeder
Remarks	

2848

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th May 1875
4. Place of Birth (Street and Number)	No 136 Spring Street near Madison
5. Full Name of Mother	Christeana Fisher
6. Mother's Maiden Name	Christeana Rehkugler
7. Mother's Birthplace	Wurdemburg Germany
8. Full Name of Father	George Fisher
9. Father's Occupation	
10. Father's Birthplace	Wurdemburg Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary M. A. Budd
Address	No 209 Monument St. cor. of Central Avenue
Remarks	Weight good order

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 13th 1871

HEALTH DEPARTMENT MAY 14 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth May 10th 1871.
4. Place of Birth (Street and Number) No 271 Canton ave. between Anna Register Stree
5. Full Name of Mother Caty Wolfeman
6. Mother's Maiden Name Caty Linke.
7. Mother's Birthplace Germania
8. Full Name of Father John Wolfeman
9. Father's Occupation Tinner.
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. M.D. M. Arnold.

Address No 137 S. Wolfe St.

Remarks

RETURN OF A BIRTH.

2850

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Colord

3. *Date of Birth* 10th May 1875

4. *Place of Birth* (Street and Number) 11 North Dalle-Street

5. *Full Name of Mother* Mrs Laverne Harrison

6. *Mother's Maiden Name* Laverne Jones

7. *Mother's Birthplace* Springfield Virginia the county

8. *Full Name of Father* Charles H Harrison County

9. *Father's Occupation* Sailor

10. *Father's Birthplace* Smithfield Virginia

Name of Medical Attendant, or other Person who makes this Return. Sarah Tiler

Address 247 Orleans Street

Remarks

2851

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10th of May 1875
4. Place of Birth (Street and Number) No 240 Harford avenue Baltimore
5. Full Name of Mother Ellen Russel
6. Mother's Maiden Name Ellen Chalk
7. Mother's Birthplace Harford County Maryland.
8. Full Name of Father George W. Russell
9. Father's Occupation Iron molder
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 209 Monument St. Cor. of Central avenue

Remarks both Farble well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 10th May 75.
4. Place of Birth (Street and Number) 169 Pleasant St.
5. Full Name of Mother Caroline Brussing
6. Mother's Maiden Name Kimmel
7. Mother's Birthplace Baltimore
8. Full Name of Father John Brussing
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Hudiger

Address 134 North Bond St.

Remarks

rect Record of Vital Sta. notice in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2853

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the tenth

1. *Sex* (state whether Male or Female) Female healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 10th of May 75
4. *Place of Birth* (Street and Number) Corner Calv. and Fre. Road Balto
5. *Full Name of Mother* Barbara Hocy
6. *Mother's Maiden Name* B. Irnort
7. *Mother's Birthplace* Würtenberg Germany
8. *Full Name of Father* Jakob Hocy
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Würtenberg Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hiller

Address No 57 Smallwood Street Balto.

Remarks

2854

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* May 10th 1875
4. *Place of Birth* (Street and Number) No 20 Pleasant Alley
5. *Full Name of Mother* Sophia Glock
6. *Mother's Maiden Name* Sophia Rau
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Glock
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

RETURN OF A BIRTH.

2833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10 1875
4. Place of Birth (Street and Number)	10 1/2 Exeter
5. Full Name of Mother	Elizabeth Whitford
6. Mother's Maiden Name	" " Lucy
7. Mother's Birthplace	Howard Co. Md
8. Full Name of Father	M Crook Whitford
9. Father's Occupation	Clerk
10. Father's Birthplace	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	E Hall Rutledge
Address	157 E. Madison
Remarks	Healthy Child

2856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10 May
4. Place of Birth (Street and Number) 44 Courtland Street Lt.
5. Full Name of Mother Mery Parra.
6. Mother's Maiden Name
7. Mother's Birthplace Malaga (Spain)
8. Full Name of Father Luis Merry y Colon
9. Father's Occupation Spanish Consul
10. Father's Birthplace Sevilla (Spain)

Name of Medical Attendant, or other Person who makes this Return. Gaetano Miller

Address Prath 151.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2857

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 11, 1875
4. *Place of Birth* (Street and Number)	295 Eutaw St.
5. *Full Name of Mother*	Anna Rebecca Allen
6. *Mother's Maiden Name*	" " Warner.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Washington Allen
9. *Father's Occupation*	U. S. Painter.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. F. Hank, M. D.
Address	118 N. Biddle St.
Remarks	

2858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 11th of May 1875
4. Place of Birth (Street and Number) 76 Franklin
5. Full Name of Mother Margaretha Thomann
6. Mother's Maiden Name Teller
7. Mother's Birthplace Baltimore
8. Full Name of Father John A. Thomann
9. Father's Occupation Farmer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Heathiver, G.A.

245 E. Baltimore St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th of May 1875
4. *Place of Birth (Street and Number)* 7 Montmorier Court
5. *Full Name of Mother* Regina Fircher
6. *Mother's Maiden Name* Lang
7. *Mother's Birthplace* Nutty
8. *Full Name of Father* Conrad Fircher
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Mathieu, M.D.

Address 245 E. Baltimore Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) American
3. *Date of Birth* May 14th 1875
4. *Place of Birth* (Street and Number) Forest St to 137
5. *Full Name of Mother* Louisa Hunt
6. *Mother's Maiden Name* Louisa Smith
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Sylvester Hunt
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baden Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulrich

Address No 48 Holland St Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 11

4. Place of Birth (Street and Number) Gay Avenue No 267

5. Full Name of Mother Elizebeth Mentz

6. Mother's Maiden Name Elizebeth Miller

7. Mother's Birthplace Germany

8. Full Name of Father William Mentz

9. Father's Occupation Sawyer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Pl Rear

Remarks

RETURN OF A BIRTH.

2862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	Black
3. Date of Birth	May 11th 1875
4. Place of Birth (Street and Number)	64 St Mary St
5. Full Name of Mother	Mary Inglis Grayson
6. Mother's Maiden Name	Mary Inglis
7. Mother's Birthplace	Balto
8. Full Name of Father	Saml S Grayson
9. Father's Occupation	Druggist
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	C Winslow
Address	23 McCulloh St
Remarks	

2863

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May th 11th 18 75
4. *Place of Birth (Street and Number)* Baltimore No 52 Biddle Street
5. *Full Name of Mother* Mary young
6. *Mother's Maiden Name* Mary foots
7. *Mother's Birthplace* West river Md
8. *Full Name of Father* William young
9. *Father's Occupation* Coachman
10. *Father's Birthplace* West River

Name of Medical Attendant, or other Person who makes this Return. Hester Ann Bradley Dr

Address 85 orchard Street

Remarks

2864

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7 chli children

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth born the 11th of May 1875
4. Place of Birth (Street and Number) 17 North chappel st
5. Full Name of Mother Mary Knörlein
6. Mother's Maiden Name " Brehm
7. Mother's Birthplace Germany
8. Full Name of Father Lorenz Knörlein
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crecentia Kunkel

Address 11 North chappel st pro Ino Kunkel

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1563

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 11
4. *Place of Birth (Street and Number)* Park Avenue No. 74
5. *Full Name of Mother* Mary Anna Buschman
6. *Mother's Maiden Name* Von Der Fahr
7. *Mother's Birthplace* Lohne Oldenbough
8. *Full Name of Father* George Buschman
9. *Father's Occupation* Porter
10. *Father's Birthplace* Dinklage Oldenbough

Name of Medical Attendant, or other Person who makes this Return. Miss Lindner.

Address No 45 S. Monroe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
15
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Tuesday May 11th 1875
4. Place of Birth (Street and Number)	58 S Exeter St
5. Full Name of Mother	Sara Cheman
6. Mother's Maiden Name	Sara Walters
7. Mother's Birthplace	London Eng
8. Full Name of Father	F. Cheman Jr
9. Father's Occupation	Shademaker
10. Father's Birthplace	Westchester Pa
Name of Medical Attendant, or other Person who makes this Return.	Sophia Hines
Address	No 135 Chestnut St
Remarks	

RETURN OF A BIRTH.

~~2886~~ 2867 2867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875. BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) ~~Boy~~ Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 11 1875
4. Place of Birth (Street and Number) Raborg Street 54
5. Full Name of Mother Anna Hall
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father George Hall
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Francis Cauck

Address No 10 Pine Alley

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th May 75
4. *Place of Birth (Street and Number)* 161 E. Eager St.
5. *Full Name of Mother* Mary Josephine McGuire
6. *Mother's Maiden Name* " " Farley
7. *Mother's Birthplace* New York City
8. *Full Name of Father* Jos. Elder McGuire
9. *Father's Occupation* Laborer in City Yard
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M. D.

Address 174 E. Eager St.

Remarks

2869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white race
3. Date of Birth May 11. 1875.
4. Place of Birth (Street and Number) N: 58 S. Schroeder Str. B.
5. Full Name of Mother Elise Holdgrafe
6. Mother's Maiden Name Elise Wirthel
7. Mother's Birthplace Pommern Prussia.
8. Full Name of Father Wilhelm Holtgrafe
9. Father's Occupation Leaver.
10. Father's Birthplace Osnabrügge Hannover.

Name of Medical Attendant, or other Person who makes this Return. Anna Lumbir

Address N 66 Nath Schroeder

Remarks

2870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second –
1. *Sex* (state whether Male or Female)	Female –
2. *Race or Color* (if not of the white race)	Colored or African
3. *Date of Birth*	May 11 – 1875 –
4. *Place of Birth* (Street and Number)	48 St. Mary's St.
5. *Full Name of Mother*	Mary Rose Flint
6. *Mother's Maiden Name*	M. R. Groomes
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	James William Flint
9. *Father's Occupation*	Barber and Waiter –
10. *Father's Birthplace*	Boston, Mass.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

RETURN OF A BIRTH.

2871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth ~~11~~ 11th May 1875.
4. Place of Birth (Street and Number) No 10 Marion Court.
5. Full Name of Mother Mary Reynolds
6. Mother's Maiden Name Mary Taylor.
7. Mother's Birthplace Winchester Va.
8. Full Name of Father James Reynolds.
9. Father's Occupation Custom House Employee
10. Father's Birthplace Maryland.

Name of Medical Attendant, or other Person who makes this Return. Jane H Emmbergen.

Address 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* "Colored"
3. *Date of Birth* May 11th 1875
4. *Place of Birth (Street and Number)* 25 Mason alley
5. *Full Name of Mother* Celeste Williams
6. *Mother's Maiden Name* ~~Mary~~ Williams
7. *Mother's Birthplace* —
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. A. R. Pagan

Address 220 Linden ave

Remarks Case of National Labor.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 12th 1875.
4. *Place of Birth* (Street and Number) Hanover st # 278.
5. *Full Name of Mother* Maggie Rose
6. *Mother's Maiden Name* Maggie Hecht.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Robert Rose
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Kirk

Address 328 South Eutaw st Balto

Remarks

2874

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) —
3. Date of Birth May 12th 1875.
4. Place of Birth (Street and Number) 166 Cross St.
5. Full Name of Mother Celessia V. Gregory.
6. Mother's Maiden Name " " Nuneley.
7. Mother's Birthplace Balto City.
8. Full Name of Father Amos J. Gregory.
9. Father's Occupation Huckster.
10. Father's Birthplace Balto City.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address 158. S. Sharp St.

Remarks Child living.

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2875

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4te

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) German
3. Date of Birth May 12te 1875
4. Place of Birth (Street and Number) 59 South Frederick St. Baltimore
5. Full Name of Mother } Emilia Meinschmitzer
6. Mother's Maiden Name }
7. Mother's Birthplace Muttenstetten Saches Meiningen
8. Full Name of Father Adam Traeger
9. Father's Occupation Restaurant Cooper
10. Father's Birthplace Adam Traeger von Weiker K. Bayern

Name of Medical Attendant, or other Person who makes this Return. Anna Maria Bangert

Address Res. - 271 Eastern Avenue Baltimore

Remarks None

2876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Main Child 2 May 1875

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) Dark Brown Skin Child
3. Date of Birth May 1872
4. Place of Birth (Street and Number)
5. Full Name of Mother Mar thur Bours
6. Mother's Maiden Name Martha Costas
7. Mother's Birthplace Virginia
8. Full Name of Father James Bris Field St Louis
9. Father's Occupation Water
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jenny Upsher 134 Eutaw St

Address

Remarks Barend Storm Shur Sec

Free Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th May
4. Place of Birth (Street and Number)	No 65 North St Balto
5. Full Name of Mother	Sarah Carey
6. Mother's Maiden Name	" Griffin
7. Mother's Birthplace	Ireland
8. Full Name of Father	William Carey
9. Father's Occupation	Maestor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula S Chrismer
Address	124 E Monument St
Remarks	Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th May
4. Place of Birth (Street and Number)	N 56 S. Ann st.
5. Full Name of Mother	Elizabeth Theresa Bowling
6. Mother's Maiden Name	Sullivan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Richard Henry Bowling
9 Father's Occupation	Seaman
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Bons M.D.
Address	406 E. Balto. st.
Remarks	

RETURN OF A BIRTH.

2879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Born the 12th Day of May.
4. Place of Birth (Street and Number) Baltimore. 512. W. Pratt. Street.
5. Full Name of Mother Lizzie Strasser.
6. Mother's Maiden Name Lizzie Schmidt.
7. Mother's Birthplace Baltimore. M. D.
8. Full Name of Father Charles: Allescander Edmund Oscar. Strasser.
9. Father's Occupation Maschinist.
10. Father's Birthplace Ulm. (Kingdom of Württemberg) Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Katharina [illegible]

Remarks 1139 West Dorell St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2880.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 12th. 1875.
4. *Place of Birth (Street and Number)* 36 Forest Street
5. *Full Name of Mother* Mary E. Brown
6. *Mother's Maiden Name* Mary E Wilson
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* William J. Brown
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wilson

Address 53 East St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th 1875

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 12th
4. *Place of Birth (Street and Number)* 26 Bank street
5. *Full Name of Mother* Mary Finnerty
6. *Mother's Maiden Name* Mary Lewis
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Finnerty
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Eliza Flemming

Address No. 12 Fite st

Remarks Healthy

RETURN OF A BIRTH.

2882

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12/75
4. Place of Birth (Street and Number)	# 201 S. Lombard St.
5. Full Name of Mother	Katharine Sauer
6. Mother's Maiden Name	Katharine Retz
7. Mother's Birthplace	Grub Germany
8. Full Name of Father	George Sauer
9. Father's Occupation	Laborer
10. Father's Birthplace	Grub Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Loderee
Address	No 23 S. Durham St.
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2883 ~~2838~~ ~~2883~~

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 12 May
4. Place of Birth (Street and Number) Baltimore 245 - Howard st
5. Full Name of Mother Josephine Gaskins
6. Mother's Maiden Name Josephine Wells
7. Mother's Birthplace Balto Md.
8. Full Name of Father Walter Gaskins
9. Father's Occupation Drayman
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mily Jrozz

Address no 1 pot av

Remarks no others

No 19

2884

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1911 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.) 5 te

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Mai 12. 1875
4. Place of Birth (Street and Number) No 51 South Water Alley
5. Full Name of Mother Maria Timann
6. Mother's Maiden Name Maria Brendeis
7. Mother's Birthplace Dumbach Baden
8. Full Name of Father Ludwig Timann
9. Father's Occupation Pefor
10. Father's Birthplace Zaenglan Hanover

Name of Medical Attendant, or other Person who makes this Return. Joanna Raupach

Address No 28 South Wolf Str

Remarks Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
10
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2c
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	12 May
4. Place of Birth (Street and Number)	No 3 Beach Alley
5. Full Name of Mother	Lizzie Carter
6. Mother's Maiden Name	Lizzie Mathes
7. Mother's Birthplace	Virginia
8. Full Name of Father	George Carter
9 Father's Occupation	Brick Maker
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Dr. Mary L Dorsey
Address	140 Hall St
Remarks	

2886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th May 1875
4. Place of Birth (Street and Number)	Baltimore County
5. Full Name of Mother	Margaret Hellder
6. Mother's Maiden Name	Geipeler
7. Mother's Birthplace	Germany
8. Full Name of Father	Miller Hellder
9. Father's Occupation	Labourer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Susannah Shaw
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 12 1875
4. *Place of Birth* (Street and Number) 197 George
5. *Full Name of Mother* Ella Gilbert
6. *Mother's Maiden Name* Ella Marsh
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Coleman Gilbert
9. *Father's Occupation* Painter
10. *Father's Birthplace* Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. W M Kemp

Address 55 N Green St

Remarks

2888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 12th
4. *Place of Birth (Street and Number)* Bethel St No 217
5. *Full Name of Mother* Annie Staffi
6. *Mother's Maiden Name* Annie Fraser
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Staffi
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Virginia Heilage

Address No 289 S. Bond St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 12th 1875
4. *Place of Birth* (Street and Number) No 220 S. Sharp St. Balt.
5. *Full Name of Mother* Bertha Schmidt
6. *Mother's Maiden Name* Bertha Strasberger
7. *Mother's Birthplace* Binau Grand Duchy Baden
8. *Full Name of Father* Alexander Schmidt
9. *Father's Occupation* Coal Merchant
10. *Father's Birthplace* Northeim Bravaria

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Womble M.D.

Address No 203 W. Lombard St Baltimore

Remarks

2890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4 F.

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 12 th of May 1875
4. *Place of Birth (Street and Number)* 114 Forest N.
5. *Full Name of Mother* Anna Wittmann
6. *Mother's Maiden Name* A. Schmeacker
7. *Mother's Birthplace* born in Germany Bavaria
8. *Full Name of Father* John Wittmann
9. *Father's Occupation* Rag Spinner
10. *Father's Birthplace* Germany Bavaria

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 357 Smallwood St. Balta.

Remarks

2891

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 12 May
4. Place of Birth (Street and Number) 84 Dallas Str
5. Full Name of Mother Emma Frebert
6. Mother's Maiden Name " Powell
7. Mother's Birthplace Germany
8. Full Name of Father Adman Frebert
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sahraj Kasper

Address 52 E. Lombard Str

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
14
1875
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) [illegible]
3. *Date of Birth* May 12 [illegible]
4. *Place of Birth* (Street and Number) [illegible]
5. *Full Name of Mother* Mary Rebecca
6. *Mother's Maiden Name* Ann Rebecca Carson
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* George [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

2893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12th 1875
4. Place of Birth (Street and Number)	15 Cross St
5. Full Name of Mother	Ellen Livingstone
6. Mother's Maiden Name	Ellen Butler
7. Mother's Birthplace	Washington Dc
8. Full Name of Father	Constant Livingstone
9. Father's Occupation	Caulker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Miss Ann Nash
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2894

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 12th May 1875
4. *Place of Birth* (Street and Number) 20 Stiles st
5. *Full Name of Mother* Annie Barrell
6. *Mother's Maiden Name* Britta Hall
7. *Mother's Birthplace* Hartford County
8. *Full Name of Father* George H. Barrell
9. *Father's Occupation* Laymaker
10. *Father's Birthplace* Christiana Md.

Name of Medical Attendant or other Person who makes this Return. Mrs Waller

Address 125 N. Caroline st.

Remarks

2895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 13. 75
4. *Place of Birth (Street and Number)* Belair Rad.
5. *Full Name of Mother* Marie Geller
6. *Mother's Maiden Name* Feder.
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Johan Geller
9. *Father's Occupation* Bir Brewer
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bueshmann

Address 120 Bank

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 13th 75.

4. Place of Birth (Street and Number) 5 [illegible] St.

5. Full Name of Mother Anna R. Kohler.

6. Mother's Maiden Name " " Eisenhardt.

7. Mother's Birthplace Germany.

8. Full Name of Father George Kohler.

9. Father's Occupation Stonecutter.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger.

Address 134 North Bond St.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 13th May 75.

4. Place of Birth (Street and Number) 186 E. Homeland St.

5. Full Name of Mother Ellanora Kunsman,

6. Mother's Maiden Name Orthman

7. Mother's Birthplace Baltimore.

8. Full Name of Father John Kunsman

9 Father's Occupation Grocery dealer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 North Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 13th 1875.
4. Place of Birth (Street and Number)	148 Dover Street.
5. Full Name of Mother	Anna Turau
6. Mother's Maiden Name	Anna Stobgen
7. Mother's Birthplace	Germany
8. Full Name of Father	Fred Turau
9. Father's Occupation	Piano maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 13th 1875.
4. Place of Birth (Street and Number) 134 West Street.
5. Full Name of Mother Liese Miller.
6. Mother's Maiden Name Liesa Hartman
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William Valentine Hartman
9. Father's Occupation Tailor
10. Father's Birthplace Wooster County. Ohio

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Ave.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2900

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th '75.
4. Place of Birth (Street and Number)	409 E. Eager st.
5. Full Name of Mother	Jane Tarbune
6. Mother's Maiden Name	Jane Cuddy
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Jno. Marshall Tarbune
9. Father's Occupation	Mariner
10. Father's Birthplace	Edinburgh, Scotland.
Name of Medical Attendant, or other Person who makes this Return.	John F. Monmonier M.D.
Address	S. W. Cor. Calvert & Read sts.
Remarks	

2901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Wife 8 yrs

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth May 13
4. Place of Birth (Street and Number) 237 Hamburg Street
5. Full Name of Mother Katharine Hesse
6. Mother's Maiden Name Katharine Traband
7. Mother's Birthplace Germane
8. Full Name of Father Henry Hesse
9. Father's Occupation Cabinetmaker
10. Father's Birthplace Germane

Name of Medical Attendant, or other Person who makes this Return.

Address Miss M. Strong

Remarks No 32 Lederhale Street

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11

2902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 13th 1875
4. Place of Birth (Street and Number) 449 Penna Ave
5. Full Name of Mother Mary Alheit
6. Mother's Maiden Name Mary Theis
7. Mother's Birthplace Prussia
8. Full Name of Father Adam Alheit
9. Father's Occupation Blacksmith
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzepe (Mid)

Address 214 Preston St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 13th 1875
4. Place of Birth (Street and Number)	201 N. Walker St
5. Full Name of Mother	Mary Jane Swiford
6. Mother's Maiden Name	Mary Jane Holt
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Downey Swiford
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return	A. W. Wallace
Address	166 N. Paca St
Remarks	

2904

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth May 13th
4. Place of Birth (Street and Number) 144 S. Register St
5. Full Name of Mother Rosalia Monk
6. Mother's Maiden Name Rosalia Fink
7. Mother's Birthplace Baltimore
8. Full Name of Father Scharles Monk
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2905

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 1st 15
4. Place of Birth (Street and Number)	321 S Bond St
5. Full Name of Mother	Metha Sauk
6. Mother's Maiden Name	Metha Peters
7. Mother's Birthplace	Hannover
8. Full Name of Father	Ludwig Sauk
9. Father's Occupation	Labor
10. Father's Birthplace	Baiern
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S Bond St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13th May 1875
4. Place of Birth (Street and Number) 204 Eastern avenue
5. Full Name of Mother Sophia Scherer
6. Mother's Maiden Name Sophia Mayserson
7. Mother's Birthplace Nashville Tennessee
8. Full Name of Father Joseph Scherer
9. Father's Occupation China and Glass dealer
10. Father's Birthplace York Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Cashiell

Address 207 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2907

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female Child Born
2. *Race or Color (if not of the white race)* light brown
3. *Date of Birth* May 13. 1875
4. *Place of Birth (Street and Number)* 135 S. Bethel St
5. *Full Name of Mother* Francis Wright
6. *Mother's Maiden Name* Francis Gustes
7. *Mother's Birthplace* Md
8. *Full Name of Father* Thomas Wright
9. *Father's Occupation* Labour
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Alace Ann Chaplin

Address Mid wife

Remarks No 69 S Bethel st Balt Md

2908

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 13 of May

4. Place of Birth (Street and Number) No 12 temple Street

5. Full Name of Mother Jain Cain

6. Mother's Maiden Name ~~[illegible]~~

7. Mother's Birthplace Church Creek Dorchester Co Md

8. Full Name of Father ≡

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address No 70 Chesnut Street

Remarks [illegible] Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 13 1875

4. Place of Birth (Street and Number) 147 S Wolfe St

5. Full Name of Mother Eliza Morgan

6. Mother's Maiden Name Eliza Durham

7. Mother's Birthplace Balto

8. Full Name of Father Clem Morgan

9. Father's Occupation Labourer

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Frey

Address 193 So Chester St

Remarks Healthy Child

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13th Day of May
4. Place of Birth (Street and Number) No 104 S Peter St
5. Full Name of Mother Margrett Stallings
6. Mother's Maiden Name Margrett Fox
7. Mother's Birthplace Borne in Balto County
8. Full Name of Father Peter Stallings
9. Father's Occupation Brick Maker
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Katherine Lubeck

Address 489 West Lombard X

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) Colord
3. Date of Birth 13th May 1875
4. Place of Birth (Street and Number) Number 5 North Calvert Street
5. Full Name of Mother Mrs Marcelia Lamopher
6. Mother's Maiden Name Mrs Marcelia Jones
7. Mother's Birthplace Eco Virginia
8. Full Name of Father William Lamopher
9. Father's Occupation Common Laborer
10. Father's Birthplace Lanchester County Eston Mill

Name of Medical Attendant, or other Person who makes this Return. Sarah Niles

Address 247 Orleans Street

Remarks

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 13. 1875
4. Place of Birth (Street and Number) Jonson St No. 84
5. Full Name of Mother Annie Smith
6. Mother's Maiden Name Annie Lemer
7. Mother's Birthplace Baltimore
8. Full Name of Father Grant Smith
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Martin

Address West St No. 128

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 13. 1875
4. *Place of Birth (Street and Number)* [illegible] Morton Alley
5. *Full Name of Mother* Mary Linn
6. *Mother's Maiden Name* Mary O'Brien
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. McElroy

Address

Remarks Foster Alley

This child only lived about 10 minutes

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2914

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 14th May 1875
4. Place of Birth (Street and Number) Walker St Corner St Peters Alley
5. Full Name of Mother Margaret Jones
6. Mother's Maiden Name " Short
7. Mother's Birthplace Md
8. Full Name of Father Geo Jones
9. Father's Occupation Mechanic
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Geo. C. Worthington M D

Address No 714 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

For Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	12th May 1875.
4. Place of Birth (Street and Number)	18 Smallwood st
5. Full Name of Mother	Elizabeth Hyatt.
6. Mother's Maiden Name	Elizabeth Kelly
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Hyatt,
9 Father's Occupation	Hostler
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Walter
Address	121 North Caroline st
Remarks	

2916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
21
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 14. 75
4. *Place of Birth (Street and Number)*	90 Caiel St
5. *Full Name of Mother*	Marie Hermann
6. *Mother's Maiden Name*	" Bauer
7. *Mother's Birthplace*	Germanie
8. *Full Name of Father*	Valentin Hermann
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germania
Name of Medical Attendant, or other Person who makes this Return.	Mrs C Beuchmann
Address	120 Bank
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2917

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* May 14th 1875

4. *Place of Birth (Street and Number)* 161 Columbia St.

5. *Full Name of Mother* Anna Melchoir.

6. *Mother's Maiden Name* " Engelbach.

7. *Mother's Birthplace* Germany.

8. *Full Name of Father* Lewis J. Melchoir.

9. *Father's Occupation* Confectioner

10. *Father's Birthplace* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address 15 S. L. Sharp.

Remarks Child living and healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2918

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14th May 1875
4. Place of Birth (Street and Number) 103 S. Duncan Al
5. Full Name of Mother Sallie J. Sunderland
6. Mother's Maiden Name Sallie J. Espey
7. Mother's Birthplace Baltimore
8. Full Name of Father Beverly W. Sunderland
9. Father's Occupation Ship-Joiner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James F. [illegible]

Address 254 Eastern Avenue

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14th May 1875
4. Place of Birth (Street and Number) 109 Elliott St.
5. Full Name of Mother Mary Doyle
6. Mother's Maiden Name Mary Connors
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Doyle
9. Father's Occupation Stillman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. James [illegible] M.D.

Address 254 Eastern Ave.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2920

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 14" 75
4. Place of Birth (Street and Number) 6 Ivory Alley
5. Full Name of Mother Annie Rusk
6. Mother's Maiden Name Unmarried
7. Mother's Birthplace Fairfield W. Va
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Ann her + mark Duffy

Address 12 Larcuux Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 14th, 1875
4. Place of Birth (Street and Number) No. 150 Jefferson St
5. Full Name of Mother Mrs. Martha J. Gambrill
6. Mother's Maiden Name Miss Martha J. Sapp
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Mr. James H. Gambrill
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen.

Address No. 93 South Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

2922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14th 1875
4. *Place of Birth (Street and Number)* 120 Mulberry St
5. *Full Name of Mother* Mary E Willis
6. *Mother's Maiden Name* Chalmplain
7. *Mother's Birthplace* Talbot Co Md
8. *Full Name of Father* Thomas J Willis
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Talbot Co Md

Name of Medical Attendant, or other Person who makes this Return. Elias L Price M.D.

Address 110 N Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 14th 1875
4. Place of Birth (Street and Number)	7 Arch Street
5. Full Name of Mother	Elisabeth Scharnagel
6. Mother's Maiden Name	
7. Mother's Birthplace	Prussian Germany
8. Full Name of Father	~~Lyr~~ Lorenz Scharnagel
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Egger Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May. 14th 1875
4. Place of Birth (Street and Number)	106 West St
5. Full Name of Mother	Lillie Reynolds
6. Mother's Maiden Name	Lillie Dodson
7. Mother's Birthplace	Va
8. Full Name of Father	Aldrich Reynolds
9. Father's Occupation	Mariner
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Steele, M.D
Address	17 Hanover St City
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2925

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child ~~[illegible]~~

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 14th May 1875.
4. Place of Birth (Street and Number) Richter Lane
5. Full Name of Mother Aemleia eller
6. Mother's Maiden Name Aemleia Lobe in
7. Mother's Birthplace Germany
8. Full Name of Father Jacob eller
9. Father's Occupation pork Bucher
10. Father's Birthplace germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll

Address No 57 Bandlow st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 14th 1875
4. Place of Birth (Street and Number)	313 S. Howard St.
5. Full Name of Mother	Mary M. Brown
6. Mother's Maiden Name	Crawford
7. Mother's Birthplace	Maryland
8. Full Name of Father	Charles Brown
9. Father's Occupation	Brick Yard
10. Father's Birthplace	Maryland
Name ~~of Medical Attendant~~, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 14 th 1875
4. *Place of Birth (Street and Number)* No 506 Canton ave
5. *Full Name of Mother* Mary Nagengast
6. *Mother's Maiden Name* " Koenig
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Nagengast
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Bushmand

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE, CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 14 th 1875
4. Place of Birth (Street and Number)	Cor Ann & Alice anna
5. Full Name of Mother	Susan Petterson
6. Mother's Maiden Name	" Attwell
7. Mother's Birthplace	City
8. Full Name of Father	Wm Petterson
9. Father's Occupation	Mariner
10. Father's Birthplace	Denmark
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushman
Address	121 Bond st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2929

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth 4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14th 75
4. Place of Birth (Street and Number)	333 Aliquith St
5. Full Name of Mother	Mary Ann Kerr
6. Mother's Maiden Name	Mary Ann Barnard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert James Kerr
9. Father's Occupation	Gas Fitter
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winkler
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 14th 1875.

4. Place of Birth (Street and Number) 137 N. Bond St.

5. Full Name of Mother Wilhelmina Cossen

6. Mother's Maiden Name Rheinhardt

7. Mother's Birthplace Germany

8. Full Name of Father Dittrich Cossen

9 Father's Occupation Wheelmaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 N. Bond St.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2931.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14th 1875
4. *Place of Birth (Street and Number)* Wellcum St No. 374
5. *Full Name of Mother* Lizzie F Lee
6. *Mother's Maiden Name* Lizzie F McCall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William H. Lee
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Martin

Address West St No. 128

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2932

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
14
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 14
4. Place of Birth (Street and Number)	4 N. Pine St.
5. Full Name of Mother	Margaret Stembler
6. Mother's Maiden Name	Margaret Cassady
7. Mother's Birthplace	Howard Co.
8. Full Name of Father	John A. Stembler
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	J. A. Wilson
Address	257 Madison Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

0 2933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	May 14th
4. *Place of Birth (Street and Number)*	25 Elbow Lane
5. *Full Name of Mother*	Gracey Bowie
6. *Mother's Maiden Name*	" Barnes
7. *Mother's Birthplace*	Cumberland
8. *Full Name of Father*	Unknown
9. *Father's Occupation*	" " "
10. *Father's Birthplace*	" " "
Name of Medical Attendant, or other Person who makes this Return.	Lucy Upshur
Address	124 Putnam St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2934

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14th 1875
4. *Place of Birth (Street and Number)* No 309 W. Fayette St Baltimore
5. *Full Name of Mother* Rosalind Frank
6. *Mother's Maiden Name* Rosalind Straus
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry L. Frank
9. *Father's Occupation* Wholesale Shoe Factory
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Pembroke W. Womble M.D.

Address No 203 N. Lombard St Balt. Md.

Remarks

2935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Three children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	14th May 1876
4. Place of Birth (Street and Number)	No 3 Hope
5. Full Name of Mother	Harriet A ~~Foster~~ Wallace
6. Mother's Maiden Name	Harriet A Wallace Gordon
7. Mother's Birthplace	Washington D c
8. Full Name of Father	Andrew J. Wallace
9. Father's Occupation	Caulker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* May 14th 1875
4. *Place of Birth* (Street and Number) No 176 York Street
5. *Full Name of Mother* Catharine Gladden Jackson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Jackson
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas No 71 Burgundy alley

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
19
1875
BALTIMORE

Name, Walter D. Hammett

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14th May
4. *Place of Birth (Street and Number)* 58 Exeter Str
5. *Full Name of Mother* Clara (Hemmeck) Hemmett
6. *Mother's Maiden Name* " Gud Hewitt
7. *Mother's Birthplace* U States
8. *Full Name of Father* Daniel (Hemmeck) Hemmett
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U States

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard Str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2938
2939

HEALTH DEPARTMENT
MAY
14
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Two, First.
1. Sex (state whether Male or Female)	one male, one female.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	14th May 1875.
4. Place of Birth (Street and Number)	163. West Street.
5. Full Name of Mother	Susan Ready,
6. Mother's Maiden Name	Susan Sewell.
7. Mother's Birthplace	Anapolis.
8. Full Name of Father	Charles Ready.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Anapolis.
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Johnson
Address	120 West Street.
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2940

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 15 May 1875.
4. *Place of Birth* (Street and Number) 133 Wood st.
5. *Full Name of Mother* Lizzie Weaver.
6. *Mother's Maiden Name* Lizzie Wilson.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Henry Weaver.
9. *Father's Occupation* Painter.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Walter

Address 125 North Caroline st.

Remarks

2941

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13 11
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	May 15th 1875
4. *Place of Birth (Street and Number)*	258 Chase St.
5. *Full Name of Mother*	Mary Espole
6. *Mother's Maiden Name*	Lawrence
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Martine Espole
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Christina Lauer
Address	173 Harford Avenue
Remarks	Hearty Healthy Boy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2942

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd (still born)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* May 15th
4. *Place of Birth (Street and Number)* Vincent alley near Gilmor St.
5. *Full Name of Mother* Harriet Harris
6. *Mother's Maiden Name* Harriet Red
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* George Washington Red
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 152 Townsend St.

Remarks

2943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	15th May 75
4. Place of Birth (Street and Number)	35 Bank st.
5. Full Name of Mother	Elise Hubschmann
6. Mother's Maiden Name	"
7. Mother's Birthplace	Prussia
8. Full Name of Father	Georg Hubschman
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard st
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 white female

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth 15 of May
4. Place of Birth (Street and Number) bank street 140
5. Full Name of Mother Roseanna kimble
6. Mother's Maiden Name Roseanna Roten
7. Mother's Birthplace Portsmith virgine
8. Full Name of Father James v kimble
9. Father's Occupation Shipsmith
10. Father's Birthplace Baltimore county

Name of Medical Attendant, or other Person who makes this Return.

Address Mary Conover 153 Chaptank St

Remarks

Fees Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3

RETURN OF A BIRTH.

2945

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d~~, &c.)	2nd
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	Dark brown
3. Date of Birth	May 15th 1875
4. Place of Birth (Street and Number)	633 Pennsylvania ave
5. Full Name of Mother	Fanny Burn
6. Mother's Maiden Name	Fanny Wimpelow
7. Mother's Birthplace	Fredericksburg
8. Full Name of Father	John Burn
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	B F Bohn MD
Address	Cor Dolphin & Druid Hill ave
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2946

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth born. - 15. of. Mbay
4. Place of Birth (Street and Number) Boyle. Street No. 3.
5. Full Name of Mother Mary Louisa Klein
6. Mother's Maiden Name Mary Louisa Rapp.
7. Mother's Birthplace Baltimore County
8. Full Name of Father William H. Klein
9. Father's Occupation Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr. Dunlop

Address no. 60. north schroder st.

Remarks

Baltimore.

RETURN OF A BIRTH.

2947

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY Rec'd 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Boy. White
2. Race or Color (if not of the white race)	
3. Date of Birth	May 15th 1875
4. Place of Birth (Street and Number)	Short # 314
5. Full Name of Mother	Elizabeth Bonner
6. Mother's Maiden Name	Elizabeth Funk
7. Mother's Birthplace	Prussia
8. Full Name of Father	Henry Bonner.
9. Father's Occupation	Tailor
10. Father's Birthplace	Hesse Darmstadt (Germany)
Name of Medical Attendant, or other Person who makes this Return.	Wm Henry Keck
Address	328 South Eutaw St. Balt. Md.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2948

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The second

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth May 15th

4. Place of Birth (Street and Number) No 203 N. Dallas st.

5. Full Name of Mother Susan Wheeler

6. Mother's Maiden Name Cloaker

7. Mother's Birthplace St. Mary's County, Md.

8. Full Name of Father John T. Wheeler

9. Father's Occupation Well Digger

10. Father's Birthplace Balto. City.

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Klueber M.D

Address No. 222 N. Broadway.

Remarks

2949

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th 1875

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 15th 1875
4. Place of Birth (Street and Number) Baltimore Sterret st. No. 59
5. Full Name of Mother Mary Myers
6. Mother's Maiden Name " Dunn
7. Mother's Birthplace Baltimore
8. Full Name of Father George Myers.
9. Father's Occupation Sheat Iron Worker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C Mitchell

Address No. 58 Parkin st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 15th 75.
4. Place of Birth (Street and Number) 173 N. Caroline St
5. Full Name of Mother Caroline Carew
6. Mother's Maiden Name " Gardenshaw
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Henry Carew
9. Father's Occupation Carpenter.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Ruliff

Address 134 N. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2951

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 15th
4. Place of Birth (Street and Number)	9 S. Central Ave.
5. Full Name of Mother	Caroline Miller
6. Mother's Maiden Name	" Wansmann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Miller
9 Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Children.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15 of May.
4. Place of Birth (Street and Number) Wilam St. No. 324.
5. Full Name of Mother Kuirigunde Gumlmar.
6. Mother's Maiden Name Kuirigunde Baumiller
7. Mother's Birthplace Oluaizenbach.
8. Full Name of Father John Baummiller. 15 only
9. Father's Occupation Schumaitter.
10. Father's Birthplace Hafdorf.

Name of Medical Attendant, or other Person who makes this Return. Mr. Martin

Address West St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 Children

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13 of May
4. Place of Birth (Street and Number) Johnson St. No. 118
5. Full Name of Mother Catherine Smith
6. Mother's Maiden Name Catherine Keller
7. Mother's Birthplace Ramstall
8. Full Name of Father John Smith
9. Father's Occupation Baker
10. Father's Birthplace Allentrausen

Name of Medical Attendant, or other Person who makes this Return. Henry Martin

Address West St. No. 128

Remarks

RETURN OF A BIRTH.

2934

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
20
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	May 15th 1875
4. Place of Birth (Street and Number)	270 Howard st
5. Full Name of Mother	Mollie Payne Allen
6. Mother's Maiden Name	Mollie Payne
7. Mother's Birthplace	Balto
8. Full Name of Father	L H P Allen
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	C Winslow
Address	23 McCulloh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No. 2955

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sunday morn May 15 one o'clock
4. Place of Birth (Street and Number)	67 North duncan alley
5. Full Name of Mother	Amanda · Mitchell
6. Mother's Maiden Name	Amanda · Blake
7. Mother's Birthplace	Snow hill
8. Full Name of Father	John Wesley Mitchell
9. Father's Occupation	Calking -
10. Father's Birthplace	86 south lancaster street fells point
Name of Medical Attendant, or other Person who makes this Return.	Henryette Glasgow
Address	Mother and child in good healthe
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male ~~or Female~~) White
2. Race or Color (if not of the white race) White
3. Date of Birth Mai 15th 1875
4. Place of Birth (Street and Number) E. Fayette St. N° 220.
5. Full Name of Mother Louise Williams
6. Mother's Maiden Name Louise Wilde
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Williams
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. N° 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2957

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3 Children
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	born the 15th of May 1875
4. *Place of Birth (Street and Number)*	100 North Wolf Street
5. *Full Name of Mother*	Eliza Powell
6. *Mother's Maiden Name*	" Smith
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Samuel Smith
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Crecentia Kunkel for Jno Kunkel
Address	71 North Chapel st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 b child

1. *Sex (state whether Male or Female)* ~~White~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 10th 1875
4. *Place of Birth (Street and Number)* Port st No. 18.
5. *Full Name of Mother* Sorrie J Mc Niel
6. *Mother's Maiden Name* Serie E Hammond
7. *Mother's Birthplace* Washington D. C.
8. *Full Name of Father* Bradford E Mc Niel
9. *Father's Occupation* Labrier
10. *Father's Birthplace* Bolstan Spa N. J.

Name of Medical Attendant, or other Person who makes this Return. Miss Martin

Address West St No. 128

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2957.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th of May 1875
4. Place of Birth (Street and Number)	No 85 Elisabeth. town.
5. Full Name of Mother	Anna Martin
6. Mother's Maiden Name	Diemer
7. Mother's Birthplace	America
8. Full Name of Father	Wilhelm Martin
9. Father's Occupation	Cooper.
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaier midwife
Address	213. Cross st.
Remarks	

RETURN OF A BIRTH.

2960

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. MAY 15 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Colored Female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* 13 May

4. *Place of Birth* (Street and Number) 142 Hill St

5. *Full Name of Mother* Susan Dickson

6. *Mother's Maiden Name* Susan Jones

7. *Mother's Birthplace* St Mary's County Md

8. *Full Name of Father* Nathan Richardson

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Petersburg Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A Dandy

Address 140 Hill St

Remarks

2961

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	"
3. Date of Birth	15th May 1876
4. Place of Birth (Street and Number)	16 E. Lombard st.
5. Full Name of Mother	Jane Loos
6. Mother's Maiden Name	" Kreis
7. Mother's Birthplace	Louis Germany
8. Full Name of Father	Louis Loos
9. Father's Occupation	Warnisher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	522 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 5

1. Sex (state whether Male or Female) Männlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 16 Mai
4. Place of Birth (Street and Number) 21 Biefen Strit
5. Full Name of Mother Maria Squirrir
6. Mother's Maiden Name Maria Bene
7. Mother's Birthplace Baldimore
8. Full Name of Father Benhartt Squirrir
9. Father's Occupation Kabner
10. Father's Birthplace Baldimore

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leadenhall Strit

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Child

1. Sex (state whether Male or Female) Knabe.
2. Race or Color (if not of the white race) Wies.
3. Date of Birth 16 of Mai.
4. Place of Birth (Street and Number) Monument St. and Bradford Eck
5. Full Name of Mother Elisabet Maus
6. Mother's Maiden Name Elisabet Roch
7. Mother's Birthplace geb. Montgomerich Counte
8. Full Name of Father John Maus
9. Father's Occupation Professor Mühler
10. Father's Birthplace geb. in Lecho Counte Reüselfin

Name of Medical Attendant, or other Person who makes this Return, Walburga Meller

Address Stirling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2964

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 16th 1875
4. Place of Birth (Street and Number)	No 65 Thames St
5. Full Name of Mother	Mary F. Menbin
6. Mother's Maiden Name	Mary F. Birding
7. Mother's Birthplace	City
8. Full Name of Father	Henry Menbin
9. Father's Occupation	Bar keeper
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bushmann
Address	120 Bank st
Remarks	Still Born. Flooding before Birth

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White caucasian
3. Date of Birth	May 16th 1875
4. Place of Birth (Street and Number)	No 24 N. Greene St
5. Full Name of Mother	Amanda Reese
6. Mother's Maiden Name	Amanda Rizer
7. Mother's Birthplace	Williamsport Pennsylvania
8. Full Name of Father	[redacted] L. Reese
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jas A Gilliss MD
Address	23 N Greene St
Remarks	Premature 7 months
	died in 6 hours

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 16th 1875
4. Place of Birth (Street and Number)	n. Shroeder Street 44
5. Full Name of Mother	Ross Beefelt
6. Mother's Maiden Name	R. Shewge
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Edmund Beefelt
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56. Pearl Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first chile

1. *Sex (state whether Male or Female)* heathly male

2. *Race or Color (if not of the white race)* black

3. *Date of Birth* 16 tenth of may

4. *Place of Birth (Street and Number)* 16 hermen ally

5. *Full Name of Mother* fanny Smith aint married

6. *Mother's Maiden Name* fanny Smith

7. *Mother's Birthplace* born in carrol County md

8. *Full Name of Father* Grafton Hammond

9. *Father's Occupation* a cook

10. *Father's Birthplace* born in baltimore md

Name of Medical Attendant, or other Person who makes this Return. Lyda Somerville

Address No 13 Clinton avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 16th 1875
4. Place of Birth (Street and Number)	190 Tyson St.
5. Full Name of Mother	Harriet A. Brown
6. Mother's Maiden Name	" " Eaton
7. Mother's Birthplace	Reisterstown Md
8. Full Name of Father	John T. Brown
9 Father's Occupation	Coachman
10. Father's Birthplace	Accomac Co. Va.
Name of Medical Attendant, or other Person who makes this Return.	Zepp M.D.
Address	210 Franklin St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2969

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* May 16th 1875
4. *Place of Birth* (Street and Number) ~~230~~ South Calhoun St
5. *Full Name of Mother* Lucinda Fox
6. *Mother's Maiden Name* Lucinda Watkins
7. *Mother's Birthplace* Ann Arundel County Maryland
8. *Full Name of Father* Toby William Fox
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. Henry R. Noel M.D

Address No 10. N. Carey St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2970

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 d Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 16th May 1875.
4. Place of Birth (Street and Number) 374 Sharp Ste
5. Full Name of Mother Georgeann Endlyer
6. Mother's Maiden Name Georgeann ~~Louis~~ Goetz
7. Mother's Birthplace Baltimore
8. Full Name of Father John W. Louis Goetz
9. Father's Occupation Paint erbyton
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Magaren

Address Russel St. No. 70.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 16th 1875
4. *Place of Birth (Street and Number)* 166 E. Monument St
5. *Full Name of Mother* Orlinda Selba Talbot
6. *Mother's Maiden Name* " " Price
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Augustus Talbot
9. *Father's Occupation* House Painter
10. *Father's Birthplace* Blackburn England

Name of Medical Attendant, or other Person who makes this Return. D.L. Williams

Address 201 Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 103

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 16 May
4. Place of Birth (Street and Number) 153 East St
5. Full Name of Mother Mrs. Childs
6. Mother's Maiden Name Margaret Hickman
7. Mother's Birthplace Baltimore
8. Full Name of Father John C Childs
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula S Chrimer

Address 129 E. Monument St

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth May 16th 1875

4. Place of Birth (Street and Number) No 62 Thames st.

5. Full Name of Mother Elizabeth Beck

6. Mother's Maiden Name Methner

7. Mother's Birthplace Germany

8. Full Name of Father Louis Beck

9. Father's Occupation Schomaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bushmann

Address 120 Bank st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2974

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 16th 1875
4. Place of Birth (Street and Number) Baltimore Ranseyst No 137
5. Full Name of Mother Marget Flatly
6. Mother's Maiden Name Marget Mullon
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Flatly
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkin st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children.
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	16 of May.
4. *Place of Birth (Street and Number)*	Battery Ave. 242. No.
5. *Full Name of Mother*	Brigid Reneb
6. *Mother's Maiden Name*	Brigid Feaney.
7. *Mother's Birthplace*	Ireland.
8. *Full Name of Father*	William Feaney.
9. *Father's Occupation*	Labr.
10. *Father's Birthplace*	Ireland. Mead.
Name of Medical Attendant, or other Person who makes this Return.	Wm Martin
Address	West St. No. 128.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 16th 1875
4. Place of Birth (Street and Number) 169 N. Fremont St.
5. Full Name of Mother Fannie Ray
6. Mother's Maiden Name Fannie Wyshaw
7. Mother's Birthplace Maryland
8. Full Name of Father Oliver Ray
9. Father's Occupation Tinner
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller, M.D.

Address 89 N. Greene St.

Remarks

Instructions of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2977

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 16th May 1875 Still born
4. Place of Birth (Street and Number) No 11 in a Ally bet madison & mumbit name (Anderson
5. Full Name of Mother Margret Carrol
6. Mother's Maiden Name Margret Johnson
7. Mother's Birthplace Patapsco neck
8. Full Name of Father Jesse Carrol
9. Father's Occupation Labour
10. Father's Birthplace Annapolis

Name of Medical Attendant, or other Person who makes this Return. Susan Ellis

Address 19 Dervis St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2978

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 L
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	16 L May 75
4. Place of Birth (Street and Number)	104 Carolina st
5. Full Name of Mother	Kath. Weber
6. Mother's Maiden Name	" Schoppman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philip Weber
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 16/75
4. Place of Birth (Street and Number) 167 So Chester St
5. Full Name of Mother Mary Gray
6. Mother's Maiden Name Mary Brooks
7. Mother's Birthplace Balto
8. Full Name of Father Geo Washington Gray
9. Father's Occupation Machinist
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs C Frey

Address 193 So Chester St

Remarks Healthy Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 16th 75
4. Place of Birth (Street and Number)	326 Franklin St
5. Full Name of Mother	Catharine Hutchins
6. Mother's Maiden Name	" Lee
7. Mother's Birthplace	Balto City
8. Full Name of Father	Robt Hutchins
9. Father's Occupation	~~Virginia~~ Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	John D Pennington MD
Address	210 Franklin St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 17. '75
4. Place of Birth (Street and Number)	N. Eutaw st. #28
5. Full Name of Mother	Lina Fette.
6. Mother's Maiden Name	Lina Alyenau
7. Mother's Birthplace	Ultenburg. (Germany)
8. Full Name of Father	Henry Fette.
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Ultenburg. Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Marie Kroh.
Address	328 South Eutaw st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 17th
4. Place of Birth (Street and Number)	Falls Turnpike
5. Full Name of Mother	Rose Petty
6. Mother's Maiden Name	Rose McDonnal
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Petty
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	No 369 Cathedral St
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2983

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 17th 1875
4. Place of Birth (Street and Number)	146 Conway St.
5. Full Name of Mother	Mary E. Finlon
6. Mother's Maiden Name	nee Simmons
7. Mother's Birthplace	Dublin, Ireland
8. Full Name of Father	Jno Finlon
9. Father's Occupation	Collector
10. Father's Birthplace	Cork, Ireland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. Cor Hanover & Barre
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2984

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth May th 17 1875
4. Place of Birth (Street and Number) Balto 58 Vine Street
5. Full Name of Mother Jammy ~~[illegible]~~ Waters
6. Mother's Maiden Name
7. Mother's Birthplace Lynch Burge Virginia
8. Full Name of Father John J Waters
9. Father's Occupation Waiter
10. Father's Birthplace Cam Bridg

Name of Medical Attendant, or other Person who makes this Return. Hester A Bordley Jr

Address 85 Orchard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth May 17th 1875
4. Place of Birth (Street and Number) 315 Saratoga St.
5. Full Name of Mother Mrs: Kate H: De Lacour
6. Mother's Maiden Name Kate H. Schad
7. Mother's Birthplace Georgetown D. C.
8. Full Name of Father Lewis J: De Lacour
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. B. Griffith M. D.

Address 117 Madison St: Corner

Remarks Park Av.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) first

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth May 17th 1875

4. Place of Birth (Street and Number) 274 Myrtle Avenue

5. Full Name of Mother Mrs: Virginia Boyce

6. Mother's Maiden Name Virginia Frazier

7. Mother's Birthplace Baltimore City

8. Full Name of Father Walter Boyce jr

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W.B. Griffith

Address 117 Madison St: Corner Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 17th. 1875.
4. Place of Birth (Street and Number)	70. S. Fremont Street
5. Full Name of Mother	Anna Schink
6. Mother's Maiden Name	A. Balta
7. Mother's Birthplace	Eisleben Germany
8. Full Name of Father	Otto Schink
9. Father's Occupation	Clark
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12 head
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Tuesday May 17. 1875
4. Place of Birth (Street and Number)	Ballard st. 172. Baltimore
5. Full Name of Mother	Ghone. wilson
6. Mother's Maiden Name	ghane Miller
7. Mother's Birthplace	Baltimore - Md
8. Full Name of Father	gomes wilson
9. Father's Occupation	Laborer
10. Father's Birthplace	Salsberrey. Wicster Conty
Name of Medical Attendant, or other Person who makes this Return.	Lear walker - - Md
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 14th 1875.
4. *Place of Birth (Street and Number)* 378. William Street.
5. *Full Name of Mother* Christina Andersen
6. *Mother's Maiden Name* Christina Kuff
7. *Mother's Birthplace* Baltimor Md.
8. *Full Name of Father* John Andersen
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimor Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Browne

Address 114 Battery Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2990

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 1rst

1. *Sex* (state whether Male or Female) Female Sickly

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* 11 th of May 1875

4. *Place of Birth* (Street and Number) Lemmon Ally Balto. City

5. *Full Name of Mother* Lizzi Heiner

6. *Mother's Maiden Name* Lizzi Schlecrl

7. *Mother's Birthplace* born in the City of Balto.

8. *Full Name of Father* Frederick Heiner

9. *Father's Occupation* Laborer

10. *Father's Birthplace* City of Balto.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No. 57 Smallwood St. Balto

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 17th 1875.
4. Place of Birth (Street and Number) No. 75 - Park Avenue
5. Full Name of Mother Adeline Bray
6. Mother's Maiden Name As above
7. Mother's Birthplace Virginia
8. Full Name of Father Nemo.
9. Father's Occupation Nihil.
10. Father's Birthplace Nullum

Name of Medical Attendant, or other Person who makes this Return. Christopher J. Lenstan M.D.

Address No. 82. Franklin St.

Remarks The mother attempted concealment - but died after giving birth in convulsions. She having granular kidney.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th "
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th " May. 1875
4. Place of Birth (Street and Number)	No. 58 Whatcoat Street.
5. Full Name of Mother	Christina, Fredericka Kaiss.
6. Mother's Maiden Name	" " Schulze
7. Mother's Birthplace	Marburg Germany.
8. Full Name of Father	William Christopher Kaiss.
9. Father's Occupation	Moulding machine operator.
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Charles A Geiger. M.D.,
Address	No. 267 David Hill Avenue.
Remarks	Head presentation, Vertex left.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Coleard
3. Date of Birth may the 17
4. Place of Birth (Street and Number) vine street 189
5. Full Name of Mother nancy Daten
6. Mother's Maiden Name nancy brooks
7. Mother's Birthplace Charles town virginia
8. Full Name of Father francis Daten
9. Father's Occupation brick yard
10. Father's Birthplace Spring field Carlcounty

Name of Medical Attendant, or other Person who makes this Return. Scharabet marsh

Address raburg street 2 [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6ᵗˢ Child

1. *Sex* (state whether Male ~~or Female~~) White
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Mai 17th 1875
4. *Place of Birth* (Street and Number) N. Amm St. No 80
5. *Full Name of Mother* Louise Röhler
6. *Mother's Maiden Name* Louise Hill
7. *Mother's Birthplace* Höchst. Gr. Hessen Germany
8. *Full Name of Father* Wilhelm Röhler
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Steinheit N. Sachsen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N Gallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2995

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d or 4th Child.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth May 17th 1875.
4. Place of Birth (Street and Number) Residence No. 147 S. Washington St
5. Full Name of Mother Sarah Harvey.
6. Mother's Maiden Name Alphy.
7. Mother's Birthplace Wicomico County. Md.
8. Full Name of Father James A. Harvey.
9. Father's Occupation Shoe maker.
10. Father's Birthplace Bahama. Nassau. N.P.

Name of Medical Attendant, or other Person who makes this Return. Sarah Harrington.

Address No. 63 Burk Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth May 17th 1875.

4. Place of Birth (Street and Number) 57 North Dr.

5. Full Name of Mother Charlotte E. Wood.

6. Mother's Maiden Name Charlotte E. Jarr.

7. Mother's Birthplace Somerset County. Md

8. Full Name of Father William L. Wood.

9. Father's Occupation Farmer.

10. Father's Birthplace Harford County Md

Name of Medical Attendant, or other Person who makes this Return. John L. L. Kriger M D

Address City.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 18th 1875

4. *Place of Birth (Street and Number)* 129 Pitcairn St.

5. *Full Name of Mother* Christina Walz

6. *Mother's Maiden Name* Hartman

7. *Mother's Birthplace* Germany

8. *Full Name of Father* John Walz

9. *Father's Occupation* Iron Moulder

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm R. Rudgett

Address 134 N. Eutaw St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

2998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) African Descent (Light)
3. Date of Birth May 18th 1875
4. Place of Birth (Street and Number) #137 S Bethel St
5. Full Name of Mother Mary E Jones
6. Mother's Maiden Name Mary E Johns
7. Mother's Birthplace Virginia
8. Full Name of Father William Jones
9. Father's Occupation Coachman
10. Father's Birthplace Fredericksburg Va

Name of Medical Attendant, or other Person who makes this Return. Louisa Seaton

Address No. 111 E Dallas St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2999

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 18th 1875
4. Place of Birth (Street and Number) No. 18 Vincent Alley
5. Full Name of Mother Johona Dillon
6. Mother's Maiden Name Johona Curtin
7. Mother's Birthplace County Limerick (Ireland)
8. Full Name of Father Mathew Dillon
9. Father's Occupation Laborer
10. Father's Birthplace County Limerick Ireland

Name of Medical Attendant, or other Person who makes this Return. ~~Mrs Heisler~~ Mrs Lindner

Address No. 43 Monroe Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race.
3. Date of Birth 18 of May.
4. Place of Birth (Street and Number) No 44 ~~[illegible]~~ Clay Street
5. Full Name of Mother Catie Fisher.
6. Mother's Maiden Name Catie Senter
7. Mother's Birthplace born in Germany
8. Full Name of Father Leopold Winter.
9. Father's Occupation Labrol work.
10. Father's Birthplace born in Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3001

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d.

1. Sex (state whether Male or Female) Mädchen.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 18 Mai 1875.
4. Place of Birth (Street and Number) Canton. O, Dannell. Street.
5. Full Name of Mother Caroliene Streßner.
6. Mother's Maiden Name Meier.
7. Mother's Birthplace Baltimore
8. Full Name of Father Johann Streßner.
9. Father's Occupation Handarbeiter.
10. Father's Birthplace Baiern

Name of Medical Attendant, or other Person who makes this Return. Anna Primmen

Address 118. Carlei Street. Canton.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. Sex (state whether Male or Female)	Female twins
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th May
4. Place of Birth (Street and Number)	Baltimore County
5. Full Name of Mother	Mary M. Grafen
6. Mother's Maiden Name	Knox
7. Mother's Birthplace	Germany
8. Full Name of Father	Isaac K Grafen
9. Father's Occupation	Farmer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Susanna Lenard
Address	
Remarks	

3003

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 18th 1875
4. *Place of Birth (Street and Number)* 284 Orleans St
5. *Full Name of Mother* Matilda Perry Oldroyd
6. *Mother's Maiden Name* " " Price
7. *Mother's Birthplace* Dublin Ireland
8. *Full Name of Father* William Oldroyd
9. *Father's Occupation* adjuster for Victor Sewing Machines
10. *Father's Birthplace* Dewsbury England

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks a very healthy Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 18 of May
4. Place of Birth (Street and Number) Gay St. bet. Eden & Carlin St
5. Full Name of Mother Barbara
6. Mother's Maiden Name Peter
7. Mother's Birthplace Baltimore
8. Full Name of Father Adam Frank
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. Dorothea Pfarr Midwife

Address

Remarks N. 79 Somerset St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Monday 18 May 4.
4. Place of Birth (Street and Number) Bankard Alley 4.
5. Full Name of Mother Labara S. Butler
6. Mother's Maiden Name Labara Volkel
7. Mother's Birthplace Beiern
8. Full Name of Father John Butler
9. Father's Occupation Schumaker
10. Father's Birthplace beiern

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	May 18th 1875
4. Place of Birth (Street and Number)	17 Jessup St
5. Full Name of Mother	Mary Frances Brown
6. Mother's Maiden Name	Mary Frances Oliver
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Caleb Brown
9. Father's Occupation	Coachman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C Thurlow
Address	23 McCulloh St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3007

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	18th May 875
4. Place of Birth (Street and Number)	80. Dallas st.
5. Full Name of Mother	Elise Meirk
6. Mother's Maiden Name	" Meirk
7. Mother's Birthplace	Germany
8. Full Name of Father	John Meirk
9. Father's Occupation	Grocer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Tasper
Address	52 E Lombard st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 18. 1875
4. Place of Birth (Street and Number) 139 S Sharp
5. Full Name of Mother Henninghausen
6. Mother's Maiden Name Lefsley
7. Mother's Birthplace Alleghany Co
8. Full Name of Father F Ph Henninghausen
9. Father's Occupation Minister
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. W. McKemp

Address 55 N Green St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 18
4. Place of Birth (Street and Number) Richter lane
5. Full Name of Mother Lois Bebnebert
6. Mother's Maiden Name Lossa Eller
7. Mother's Birthplace germany
8. Full Name of Father John Eller
9. Father's Occupation pork Teacher
10. Father's Birthplace germany

Name of Medical Attendant, or other Person who makes this Return. Cathrine Doll

Address No 57 Bandlow St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3010

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 2

1. Sex (state whether Male or Female) Boy.

2. Race or Color (if not of the white race) White

3. Date of Birth. 18th May.

4. Place of Birth (Street and Number) 60 E. Eager.

5. Full Name of Mother Anna. Pickhaver Smith.

6. Mother's Maiden Name " " Rogue.

7. Mother's Birthplace Baltimore Cit

8. Full Name of Father Richard Edward Smith.

9. Father's Occupation Mariner

10. Father's Birthplace Anne Arundel Co.

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. W. Hayson

Address 18 Aisquith St

Remarks Healthy.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth 16 of May

4. Place of Birth (Street and Number) Baltimore Johnson Alley it 4 near Washington st.

5. Full Name of Mother Josefa Klima

6. Mother's Maiden Name Josefa Valentowa

7. Mother's Birthplace ~~Francis Klima~~ Kwetow in Bohemia

8. Full Name of Father Francis Klima

9. Father's Occupation workman

10. Father's Birthplace Kwětow in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Kopec

Address Washington st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3012

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th 1875
4. Place of Birth (Street and Number)	No 18 Elisabeth. Lan.
5. Full Name of Mother	Mary Meyer.
6. Mother's Maiden Name	Unterbach.
7. Mother's Birthplace	Germana.
8. Full Name of Father	John Meyer.
9. Father's Occupation	Cooper.
10. Father's Birthplace	Germana
Name of Medical Attendant, or other Person who makes this Return.	J. Lobwasser midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 18th of May 1875
4. Place of Birth (Street and Number) 431 Cross St.
5. Full Name of Mother Magaret Alt
6. Mother's Maiden Name Magaret Beuscher
7. Mother's Birthplace Hessian Germany
8. Full Name of Father John Alt
9. Father's Occupation Shoemaker
10. Father's Birthplace Hessian Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Dumler

Address 60 N. Schroeder St

Remarks

Extract Regulations of

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

30114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 18th
4. Place of Birth (Street and Number)	129 N. Spring St.
5. Full Name of Mother	Anna Baoltz
6. Mother's Maiden Name	Goetz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Baoltz
9. Father's Occupation	Laborer
10. Father's Birthplace	Bowling N. G.
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Pratt St.
Remarks	

Extract Regulations of the Board of Health to secure a full and cor-
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.) First

1. Sex (~~state whether Male or Female~~) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 18th, 1875
4. Place of Birth (Street and Number) No 215 E. Chase St
5. Full Name of Mother Rebecca C. Gatchel
6. Mother's Maiden Name " " Hacker
7. Mother's Birthplace New York City
8. Full Name of Father Erastus C. Gatchel
9. Father's Occupation Insurance Agent
10. Father's Birthplace Oxford, Chester Co., Penn.

Name of Medical Attendant, or other Person who makes this Return. Walter W. White, M.D.

Address No. 350 N. Broadway

Remarks Physical condition delicate. One stronger than the other. Premature one month.

3016

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Copper Col
3. Date of Birth	May 19th 1875
4. Place of Birth (Street and Number)	No 2 Paris St
5. Full Name of Mother	Elizabeth Lawson
6. Mother's Maiden Name	Elizabeth Wells
7. Mother's Birthplace	South River
8. Full Name of Father	James Wells
9. Father's Occupation	Coachman
10. Father's Birthplace	South River
Name of Medical Attendant, or other Person who makes this Return.	Doct B F Bohrer
Address	Cor Dolphin & Druid Hill Ave
Remarks	

3017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 19th 75.
4. Place of Birth (Street and Number) Cor Chester & Monument St.
5. Full Name of Mother Julia Wagner.
6. Mother's Maiden Name Bauer.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Wagner.
9. Father's Occupation Butcher.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger.

Address 134 N Bond St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3018

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First Name Martha
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	the 19 of May 1875
4. Place of Birth (Street and Number)	161 Dover St Baltimore Maryland
5. Full Name of Mother	Maria Spearce
6. Mother's Maiden Name	Maria Green
7. Mother's Birthplace	Harford County
8. Full Name of Father	William Spence
9. Father's Occupation	Farmer
10. Father's Birthplace	Anne Arrundel County
Name of Medical Attendant, or other Person who makes this Return:	Cathrine Sawyer 215 Dover St Baltimore
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3019

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 19 May and Died on the 22 of may
4. Place of Birth (Street and Number) 28 Elbow Lane
5. Full Name of Mother Mary Guyens
6. Mother's Maiden Name Jerrett
7. Mother's Birthplace Va
8. Full Name of Father Huston Guyens
9. Father's Occupation Barber
10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. Nancy Williams

Address 210 Dover St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3020

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* May 19th 1875.
4. *Place of Birth* (Street and Number) ~~No 35 S. Wood St~~ No 35 S. Wood St. Baltimore Md
5. *Full Name of Mother* Louisa V. Ward.
6. *Mother's Maiden Name* Phoenix Wilhelmina Schultze.
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* James Ward.
9. *Father's Occupation* Engineer.
10. *Father's Birthplace* Orange Co. New York.

Name of Medical Attendant, or other Person who makes this Return. Mary Lockerer.

Address No 22 S. Durham St

Remarks

Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 19th, 1875.

4. Place of Birth (Street and Number) 138 Orleans St.

5. Full Name of Mother Dora Wendelkind

6. Mother's Maiden Name " Schaedle

7. Mother's Birthplace Germany

8. Full Name of Father Frederick Wendelkind

9. Father's Occupation Cigar maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger.

Address 134 N Bond St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Ch

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 19. 75
4. *Place of Birth (Street and Number)* 379 Bond St
5. *Full Name of Mother* Eliese Greiffahm
6. *Mother's Maiden Name* Mallen
7. *Mother's Birthplace* Germa ~~Charls Greiffahm~~
8. *Full Name of Father* Charls Greiffahm
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5te

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) ~~White~~

3. Date of Birth ~~May 14 75~~ Eastern Av

4. Place of Birth (Street and Number) E Lancaster St

5. Full Name of Mother Marie ~~Trimp~~ Fink

6. Mother's Maiden Name Mar. Trimp

7. Mother's Birthplace Germanie

8. Full Name of Father Julius Fink

9. Father's Occupation Cigarmaeher

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burchmann

Address 120 Bank

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3024

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Friedrich Stecker

1. Sex (state whether Male or Female) Boy. 1875 May. 19

2. Race or Color (if not of the white race) White

3. Date of Birth 172 Sts Bonds st

4. Place of Birth (Street and Number)

5. Full Name of Mother Mallee Stecker Geherman

6. Mother's Maiden Name Gaul.

7. Mother's Birthplace Hessen Darmstad

8. Full Name of Father Friedrich Stecker

9. Father's Occupation Copper

10. Father's Birthplace Reirich

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No 208 South Bond st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3025

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d Child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth May 19th 1875
4. Place of Birth (Street and Number) No. 294 Cross st.
5. Full Name of Mother Cathern Hecker.
6. Mother's Maiden Name Weisbrodt.
7. Mother's Birthplace Germana
8. Full Name of Father Henry Hecker
9. Father's Occupation Baker
10. Father's Birthplace Germana.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 213 Cross st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White.

3. *Date of Birth* Born 19 May.

4. *Place of Birth (Street and Number)* Madison 252 Street

5. *Full Name of Mother* Mary Josephin Bonhage

6. *Mother's Maiden Name* Eberle.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Fred. Bonhage

9. *Father's Occupation* Merchant Tailor.

10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Ursula J Christine

Address 129 E Monument St

Remarks Baltimore City

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3027

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	~~White~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 19th 1875
4. Place of Birth (Street and Number)	156 Harford Ave
5. Full Name of Mother	Louisa M Wilcox
6. Mother's Maiden Name	Louisa M Riegg
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Wilcox
9 Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3028

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male ~~White~~
2. Race or Color (if not of the white race) White
3. Date of Birth May 19th 1875
4. Place of Birth (Street and Number) Md. Lying In Asylum 103 W. Lombard
5. Full Name of Mother Caroline Waters
6. Mother's Maiden Name Caroline Bryan
7. Mother's Birthplace Maryland
8. Full Name of Father Richard Haughlett Waters
9. Father's Occupation Farmer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address Resident Physician

Remarks Md. Lying In Asylum

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 19/75
4. Place of Birth (Street and Number)	#50 S. Durham St.
5. Full Name of Mother	Mary E. Fritsch
6. Mother's Maiden Name	Mary E. Somer
7. Mother's Birthplace	Steinberg Germany
8. Full Name of Father	Frank Fritsch
9. Father's Occupation	Laborer
10. Father's Birthplace	Pantz Germany
Name of Medical Attendant, or other Person who makes this Return.	M. E. Lederer
Address	#23 S. Durham St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. May 20 1875

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth May 19th 1875.
4. Place of Birth (Street and Number) No 165 Chapple St.
5. Full Name of Mother Rickey Glaette
6. Mother's Maiden Name Rickey Koch.
7. Mother's Birthplace Germany
8. Full Name of Father August Glaetty
9. Father's Occupation Laborer.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3031

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 19th '75
4. Place of Birth (Street and Number) 23 Gilbert St. Balto. Md
5. Full Name of Mother Ann Eliza Brown
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father John Brown
9. Father's Occupation Laborer
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Alf H Pierce MD

Address

Remarks

Extract Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3032

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	W
3. Date of Birth	19th May 875
4. Place of Birth (Street and Number)	127½ Lombard st
5. Full Name of Mother	Emili Stein
6. Mother's Maiden Name	Dinman
7. Mother's Birthplace	German
8. Full Name of Father	Chas Stein
9. Father's Occupation	Tayler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Kasper
Address	52 Lombard st
Remarks	

3033

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth May the 20
4. Place of Birth (Street and Number) York St 130
5. Full Name of Mother Elizza Murrow
6. Mother's Maiden Name Elizza Boston
7. Mother's Birthplace New town
8. Full Name of Father Edward Murrow
9. Father's Occupation Laber
10. Father's Birthplace New town

Name of Medical Attendant, or other Person who makes this Return.

Address Mary A Dorsey 40 Hall St.

Remarks

Extract Regulations of the Board of Health to address the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3034

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20th 1875
4. Place of Birth (Street and Number)	121 Lexington St
5. Full Name of Mother	Anna J. Granger
6. Mother's Maiden Name	Saunders
7. Mother's Birthplace	Virginia
8. Full Name of Father	Edt. M. Granger
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Jueson Gilman M.D.
Address	192 Saratoga St
Remarks	Perfectly developed, healthy Child

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3035

No 20

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.) 6 te

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth den 20ten Mai 1875
4. Place of Birth (Street and Number) South Wolf str No 67.
5. Full Name of Mother Karolina Schweicher
6. Mother's Maiden Name Karolina Weber
7. Mother's Birthplace Baltimore Cte.
8. Full Name of Father Joseph Schweicher
9. Father's Occupation Schoemacker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Johanna Raupach

Address South Wolf str No 28.

Remarks Midwife

Extract Regulations of the Board of Health to secure a full
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3036

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20th 1875.
4. Place of Birth (Street and Number)	Monument St near Castle st
5. Full Name of Mother	Mary Weigand
6. Mother's Maiden Name	Steinmetz
7. Mother's Birthplace	Germany
8. Full Name of Father	Carl Weigand
9 Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rudiger
Address	134 N Bond St.
Remarks	

Extract Regulations of the Board of Health to secure correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 29th 1875
4. Place of Birth (Street and Number) Md Lying-in Asylum, 163 N Sourbord
5. Full Name of Mother Mollie Evans
6. Mother's Maiden Name
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father John Mott
9. Father's Occupation Canmaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. A. Giesle Mr.

Address Res. Physician

Remarks Md. Lying-in Asylum

Extract Regulations of the Board of Health to secure a [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether [redacted] Female)
2. Race or Color (if not of the white race)
3. Date of Birth 20th May 1875
4. Place of Birth (Street and Number) 16. S. Parish Street
5. Full Name of Mother Matilda Ann Steiner
6. Mother's Maiden Name " " Fritz
7. Mother's Birthplace Maryland
8. Full Name of Father Wm Henry Steiner
9. Father's Occupation Farmer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Geo H. Eyster

Address #1 Waverley Terrace

Remarks

Extract Regulations of the Board of Health to secure a [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3039

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or Female) ~~Weiblich~~ Männlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 20 Mai
4. Place of Birth (Street and Number) 166 Hamburg Strit
5. Full Name of Mother Emma Höffner
6. Mother's Maiden Name Emma Büchmann
7. Mother's Birthplace Baltimore
8. Full Name of Father Johann Höffner
9. Father's Occupation Steinhauer
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

Extract Regulations of the Board of Health to [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3040

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 20th 1875
4. Place of Birth (Street and Number) 366 William Street.
5. Full Name of Mother Emlé Roehmer
6. Mother's Maiden Name Emlé Stengle.
7. Mother's Birthplace Germania
8. Full Name of Father Lorenz Roemer
9. Father's Occupation Labor
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 114 Battery Av

Remarks

Extract Regulations of the Board of Health to secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20th of May 1875
4. Place of Birth (Street and Number) No 44 South Bond St
5. Full Name of Mother Hanna Rothschild
6. Mother's Maiden Name Hanna Jacoby
7. Mother's Birthplace Germany
8. Full Name of Father William Jacoby
9. Father's Occupation Teacher of Greek Language
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 South Bond St

Remarks

Extract Regulations of the Board of Health to [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3042

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a true and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th Child born
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	20 of May.
4. *Place of Birth (Street and Number)*	No. 305. Wilam St.
5. *Full Name of Mother*	Margret Kane
6. *Mother's Maiden Name*	Margret Filzanterick
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Laber James Kane
9. *Father's Occupation*	Leber.
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary Manly
Address	West St. No 128
Remarks	

3043

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 20th 1875.
4. *Place of Birth (Street and Number)* 149 Bond St.
5. *Full Name of Mother* Mary W. Travers.
6. *Mother's Maiden Name* " " Mathews.
7. *Mother's Birthplace* Somerset Co. Md.
8. *Full Name of Father* Octavius Travers.
9. *Father's Occupation* Seaman.
10. *Father's Birthplace* Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M.D.

Address 15-8. S. Sharp St.

Remarks Child living & healthy.

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Jewish
3. Date of Birth May 20th 1875
4. Place of Birth (Street and Number) Lowe St No 135
5. Full Name of Mother Sahra Uhlmann
6. Mother's Maiden Name Sahra Kahn
7. Mother's Birthplace Bayers Europe
8. Full Name of Father Benjamin Uhlmann
9. Father's Occupation Clerk
10. Father's Birthplace Bayers Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address No 48 Holland St Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3045
1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d~~ &c.) 1st

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 20th May 1875
4. *Place of Birth (Street and Number)* 732 McElderry St
5. *Full Name of Mother* Rebecca Johnson
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Talbot County Md
8. *Full Name of Father* Illegitimate
9. *Father's Occupation*
10. *Father's Birthplace*

Name of ~~Medical Attendant~~, or other Person who makes this Return. Midwife E Wallis

Address 161 E. Monument St

Remarks I attended the case subsequently to birth, but did not deliver the case

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 20
4. *Place of Birth (Street and Number)* Hamburg st 25
5. *Full Name of Mother* Virginia Edwards
6. *Mother's Maiden Name* Walker
7. *Mother's Birthplace* Prince Georges County Md
8. *Full Name of Father* Fleming Edwards
9. *Father's Occupation* Captain of sale vessell
10. *Father's Birthplace* Northumberland County Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Carraway

Address

Remarks

3047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 6 child
1. Sex (state whether Male or Female)	Mulc child
2. Race or Color (if not of the white race)	The color of child is yellow
3. Date of Birth	Born on 20 May 1875
4. Place of Birth (Street and Number)	The place of Birth No 8 Balt
5. Full Name of Mother	Full name of Mother Caroline Hamb
6. Mother's Maiden Name	Mothers Maiden name Charles Ro
7. Mother's Birthplace	Mothers birth place Baltimore M
8. Full Name of Father	Name of Mothers Husband
9. Father's Occupation	Fathers occupation white washer
10. Father's Birthplace	Fathers birth place Cambridge
Name of Medical Attendant, or other Person who makes this Return.	Mid wife Harriet Britan
Address	No 70 north Conn st
Remarks	

Record of Vital Statistics in the City of Baltimore.

physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

3048

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
25
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20th 1875
4. Place of Birth (Street and Number)	106 Lexington Street
5. Full Name of Mother	Julia Henry
6. Mother's Maiden Name	Julia Nuce
7. Mother's Birthplace	Dorchester Co
8. Full Name of Father	Robert Henry
9. Father's Occupation	Lawyer
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	C B Kemble
Address	40 Richmond Street
Remarks	

Extract Regulations of the Board of Health, in relation to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3049

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25, 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	May - 20th 75
4. Place of Birth (Street and Number)	N. Front st ~~74~~ 174
5. Full Name of Mother	Lavinia Ravay
6. Mother's Maiden Name	— Prior
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Ravay
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrisman
Address	129 E Monument st
Remarks	Baltimore

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3050

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White race.
3. Date of Birth 20th of May.
4. Place of Birth (Street and Number) No 48 Pennsylvania Avenue.
5. Full Name of Mother Mary ~~Hensel~~ Sturm
6. Mother's Maiden Name Mary Hensel
7. Mother's Birthplace in Germany.
8. Full Name of Father Hubert Sturm.
9. Father's Occupation a Cigar maker.
10. Father's Birthplace born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger

Address No 14 Union.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
24
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 20th 1875
4. *Place of Birth (Street and Number)* 20 Read St
5. *Full Name of Mother* Harriet Childs Gardner
6. *Mother's Maiden Name* " " Rowland
7. *Mother's Birthplace* Norfolk Va
8. *Full Name of Father* William Fowler Gardner
9. *Father's Occupation* Minister of the Gospel
10. *Father's Birthplace* Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. D. L. Williams

Address 201 Madison Ave

Remarks

Extract Regulations of the Board of ... correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3052

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May th 20 1875
4. *Place of Birth (Street and Number)* Baltimore 189 pierce Street
5. *Full Name of Mother* Mary Waters
6. *Mother's Maiden Name* Mary Stewart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Stewart
9. *Father's Occupation* porter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester A Bardly Dr

Address 85 orchard Street

Remarks

Extract Regulations of the Board of Health, Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3053

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 20th 1875
4. Place of Birth (Street and Number)	Portland Street No 38.
5. Full Name of Mother	Maria Schäffer
6. Mother's Maiden Name	Maria Peters
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Heinrich Schäffer
9. Father's Occupation	Cupper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chatherine Reisz
Address	No 40 E Fayette St.
Remarks	

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3054

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 20 1875
4. Place of Birth (Street and Number) 183 East St
5. Full Name of Mother Margeret Mathews.
6. Mother's Maiden Name Margeret Willis
7. Mother's Birthplace Mathew Co. Va.
8. Full Name of Father George Mathew
9. Father's Occupation Calvert sugar foundry.
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 121 N. Caroline St. Bd. Md.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	May 21st 1875.
4. Place of Birth (Street and Number)	317 N. Durham St
5. Full Name of Mother	Mary Cain Stepney
6. Mother's Maiden Name	Mary Cain
7. Mother's Birthplace	Eastern Shore of Maryland
8. Full Name of Father	Louis Stepney
9. Father's Occupation	Works in Brick Yard
10. Father's Birthplace	Anne Arundel Co
Name of Medical Attendant, or other Person who makes this Return.	Edwin W. Gordon M.D.
Address	1101 North Broadway
Remarks	This was a very licious & hard labor — Child in a very feeble condition will not live very probably.

Extract Regulations of the Board of Health, relative to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3056

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 21st
4. Place of Birth (Street and Number) 223 Bank St
5. Full Name of Mother Mary A Monmonier
6. Mother's Maiden Name Mary A McMag
7. Mother's Birthplace Baltimore City
8. Full Name of Father George W. Monmonier
9. Father's Occupation House Carpenter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A Garrett

Address # 31 Luzerne St

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Friday Morning May 21
4. Place of Birth (Street and Number)	137. South Caroline St Bal.
5. Full Name of Mother	Maria. Louisa. Harps
6. Mother's Maiden Name	Maria Louisa McElvaney
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Harps. "
9. Father's Occupation	Boiler. Maker
10. Father's Birthplace	Baltimore. "
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	No 208 South Baird St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3058

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	Friday May 21st 1875
4. Place of Birth (Street and Number)	96 Tyson St Balto City
5. Full Name of Mother	Olivia C Butler
6. Mother's Maiden Name	Olivia C Brent
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm H Butler
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 N. Liberty St.
Remarks	

Extract Regulations of the Board of Health, relative to Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3059

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or [redacted])
2. Race or Color (if not of the white race) White
3. Date of Birth Mai 21th 1875
4. Place of Birth (Street and Number) Bank. St. No. 77.
5. Full Name of Mother Mary Dombronzky
6. Mother's Maiden Name Mary Stadhaus
7. Mother's Birthplace Insterburg K. Preussen Germany
8. Full Name of Father August Dombronzky
9. Father's Occupation none
10. Father's Birthplace Groshinelen K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No. 26

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3060

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth Mai 21th 1875
4. Place of Birth (Street and Number) S. Bond St. No 173.
5. Full Name of Mother Carolina Thone
6. Mother's Maiden Name Carolina Siegmundt
7. Mother's Birthplace Lohrbach. Gr. Baden. Germany
8. Full Name of Father Franz Thone
9. Father's Occupation none
10. Father's Birthplace Warburg Kr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas, St. No 26

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3061

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth May 21st 1875.
4. Place of Birth (Street and Number) 80 N Paca
5. Full Name of Mother Emma Guggenheimer.
6. Mother's Maiden Name Emma Leerburger.
7. Mother's Birthplace New York City
8. Full Name of Father Henry Guggenheimer, Jr
9. Father's Occupation Merchant
10. Father's Birthplace Bavaria, Gy

Name of Medical Attendant, or other Person who makes this Return. John. I. R. Krozer. M.D.

Address

Remarks

Extract Regulations of the Board of Health, Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3062

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) Weith
3. Date of Birth Tunidai 21th Mai
4. Place of Birth (Street and Number) Alice Ann Street
5. Full Name of Mother Appolina Gwina
6. Mother's Maiden Name Apolina Iminska
7. Mother's Birthplace in Raczkowo Shocken Prussen
8. Full Name of Father Marthin Imsinski
9. Father's Occupation Lebel work
10. Father's Birthplace in Raczkowo Prussen

Name of Medical Attendant, or other Person who makes this Return. Cecylia Zygaj

Address Thames Street near Ann

Remarks very well

Extract Regulations of the Board of Health to secure a [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2063

1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 21st May
4. Place of Birth (Street and Number) 38 Chestnut St
5. Full Name of Mother Hester King
6. Mother's Maiden Name Hester Keller
7. Mother's Birthplace Summerill Cy
8. Full Name of Father William King
9. Father's Occupation Sailor
10. Father's Birthplace Summerill Cy

Name of Medical Attendant, or other Person who makes this Return. Maria goodan

Address 57 East 92

Remarks

Extract from Regulations of the Board of Health.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3064

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6 th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Maythe 2d
4. Place of Birth (Street and Number) Stockholm Steel No 6
5. Full Name of Mother Mary An Morgan
6. Mother's Maiden Name Mary An Emmett
7. Mother's Birthplace Winslow New Jersey
8. Full Name of Father David W Morgan
9. Father's Occupation Labor
10. Father's Birthplace New york City

Name of Medical Attendant, or other Person who makes this Return. Francis. Gramby

Address

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 21—1875
4. Place of Birth (Street and Number)	183 N. Paca
5. Full Name of Mother	Mary Joseph Starkey
6. Mother's Maiden Name	Butler
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Francis Harvey Starkey
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D
Address	112 N. Greene St.
Remarks	

Extract from Ordinances of the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 ths

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 21st 1875
4. *Place of Birth (Street and Number)* 134 Lindsay Ave
5. *Full Name of Mother* Ellen Mary Chambers
6. *Mother's Maiden Name* " " Carter
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Marion Chambers
9. *Father's Occupation* Custom House Officer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. E. Williams

Address 201 Madison Ave

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	May 21st 1875
4. Place of Birth (Street and Number)	Central Avenue 379
5. Full Name of Mother	Annie Russel
6. Mother's Maiden Name	Annie Smith
7. Mother's Birthplace	Kur Hessen Europe
8. Full Name of Father	Fredrick Russel
9. Father's Occupation	Policeman
10. Father's Birthplace	Kur Hessen Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Borg Ulbig
Address	No 48 Holland St Baltimore Md
Remarks	

Extract Register of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 21 May
4. Place of Birth (Street and Number) 73 Bond St.
5. Full Name of Mother Catharina Barbera Melbert
6. Mother's Maiden Name " " Grotsch
7. Mother's Birthplace Germanny
8. Full Name of Father Casper Melbert
9. Father's Occupation Organ Builder
10. Father's Birthplace Germanny

Name of Medical Attendant, or other Person who makes this Return. Gertraut Miller

Address 151 E. Pratt St.

Remarks

Extract Regulations of

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth May 21 — 1875

4. Place of Birth (Street and Number) 344 N Shecka St

5. Full Name of Mother Amelia B. Gies

6. Mother's Maiden Name " " Garrett

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thos B Gies

9. Father's Occupation Plasterer

10. Father's Birthplace Balt. Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 87 Mallory St

Remarks

Extract Regulations of the ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3070

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 21st May 1875

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace [illegible]

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3071

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 21st 1875
4. *Place of Birth (Street and Number)* 79 Gough St.
5. *Full Name of Mother* Eliza Esich
6. *Mother's Maiden Name* Eliza Baetjer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry C. Esich
9. *Father's Occupation* Gas Fitter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A. F. Esich M.D.

Address 94 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	=
3. Date of Birth	21st May 875
4. Place of Birth (Street and Number)	20. Chapel all.
5. Full Name of Mother	Marie Louise Holtz
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lorenz Louis
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52. E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3073

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	Male Mal
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 21 /75
4. Place of Birth (Street and Number)	S. Oregon St
5. Full Name of Mother	Johanna L Sullivan
6. Mother's Maiden Name	Johanna L Burns
7. Mother's Birthplace	Ireland
8. Full Name of Father	John O Sullivan
9. Father's Occupation	Hose & Shoe
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A H Sutton MD
Address	243 Lexington St
Remarks	

Extract Regulations of the Board of Health, relating to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3074

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth May th 22nd 1875
4. Place of Birth (Street and Number) Baltimore No 30 rose Street
5. Full Name of Mother Anna Clash
6. Mother's Maiden Name
7. Mother's Birthplace Virginnia Va
8. Full Name of Father John Clash
9. Father's Occupation Coachman
10. Father's Birthplace Eastern Shore Maryland

Name of Medical Attendant, or other Person who makes this Return. Hester Ann Bardley Dr

Address 85 orchard Street

Remarks

Extract Regulations of the ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3075

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth May 22d 1875
4. Place of Birth (Street and Number) Oregon St 4 doors above Franklin
5. Full Name of Mother Mary E. Larkin
6. Mother's Maiden Name Phillips
7. Mother's Birthplace Philadelphia
8. Full Name of Father Alfred H Larkin
9. Father's Occupation Real Estate Broker in New York City
10. Father's Birthplace Philadelphia (his wife thinks)

Name of Medical Attendant, or other Person who makes this Return. Elias C Price M.D.

Address 110 N Eutaw St

Remarks No Number on the houses in this block

Extract Regulations of Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 25 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 22nd 1875
4. Place of Birth (Street and Number)	7 Constitution St
5. Full Name of Mother	Agnes McCarty
6. Mother's Maiden Name	Agnes Gallery
7. Mother's Birthplace	Springfield Mass.
8. Full Name of Father	Lawrence McCarty
9. Father's Occupation	Laborers
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Silas W. Hunter
Address	111 Greenmount Ave
Remarks	

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 2[illegible]

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 22nd 1875
4. Place of Birth (Street and Number) No 68 S. Wolfe St.
5. Full Name of Mother Rosa Ulmich
6. Mother's Maiden Name Rosa Cath
7. Mother's Birthplace America
8. Full Name of Father Joseph Ulmich
9. Father's Occupation Laborer
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M Amend

Address No 137 S Wolfe St.

Remarks

Extract Regulations of

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 22nd 1875

4. Place of Birth (Street and Number) 213 Pierce St

5. Full Name of Mother Amanda J Hobbs

6. Mother's Maiden Name Amanda J. Wright

7. Mother's Birthplace Baltimore Co Md

8. Full Name of Father Zelverton T. Hobbs

9. Father's Occupation Carpenter

10. Father's Birthplace Howard Co "

Name of Medical Attendant, or other Person who makes this Return. John J. R. Krozer Md

Address " "

Remarks

Extract Regulations of Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3079

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Mai 22th 1875
4. Place of Birth (Street and Number) N. Bond St No. 289
5. Full Name of Mother Eva Otto
6. Mother's Maiden Name Eva Dressel.
7. Mother's Birthplace Baltimore City
8. Full Name of Father Andreas Otto.
9. Father's Occupation Cigarren Manufacturer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St No. 26.

Remarks

Extract Regulations of the [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3080

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Mail Child
2. Race or Color (if not of the white race) Colord
3. Date of Birth May 23d 1875
4. Place of Birth (Street and Number) 246 North Durham Street Balto
5. Full Name of Mother Mrs Mary Platto
6. Mother's Maiden Name Mary Thevelnson
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John A Platto
9. Father's Occupation Trunk Dealer
10. Father's Birthplace Cambridge Eastern

Name of Medical Attendant, or other Person who makes this Return. Sarah Hunter

Address 247 Orleans Street

Remarks

Extract Registrar's Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 9. 1875
4. Place of Birth (Street and Number) 174 Dolphin Street
5. Full Name of Mother Maria Ann Sinclair
6. Mother's Maiden Name Maria Ann Sanders
7. Mother's Birthplace Chester County Pennsylvania
8. Full Name of Father Matthew Sinclair
9. Father's Occupation Bricklayer
10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown M.D.

Address 201 W. Biddle Street

Remarks

Extract Registration of

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. Sex (state whether Male or Female) Boie
2. Race or Color (if not of the white race) 13 Whit
3. Date of Birth 13 of Mai
4. Place of Birth (Street and Number) 338 Eigar St
5. Full Name of Mother Mari Mathaidus
6. Mother's Maiden Name M. Dieppel
7. Mother's Birthplace Hessen
8. Full Name of Father Josef Mathaidus
9. Father's Occupation Cabinetmacker
10. Father's Birthplace Ungarien

Name of Medical Attendant, or other Person who makes this Return. Josefiene Conrad

Address 20 Barnet St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
31
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13th 1875.
4. Place of Birth (Street and Number)	Portugal alley. F. P.
5. Full Name of Mother	Gertrude Vogel Lang.
6. Mother's Maiden Name	Gertrude Vogel
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Lang.
9. Father's Occupation	Wood Turner
10. Father's Birthplace	America.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms.
Address	No 178 Chapel St. F. P.
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3084

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 21st 1875
4. Place of Birth (Street and Number) No 322 Central Ave
5. Full Name of Mother Lizz Huber
6. Mother's Maiden Name Lizz Herbak
7. Mother's Birthplace Germany
8. Full Name of Father Mr. G. Huber
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegers

Address No 182 monument st

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
31
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 21st 1875
4. Place of Birth (Street and Number)	No 88 Mc Eaman St
5. Full Name of Mother	Macha Baur
6. Mother's Maiden Name	Macha Raaming
7. Mother's Birthplace	Germany
8. Full Name of Father	Rotar Baur
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Herm Hillegeist
Address	No 182 Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3086

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ds Child

1. Sex (state whether ~~Male~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth May 23th 1875
4. Place of Birth (Street and Number) N. Central Av. No, 116.
5. Full Name of Mother Anna Schäfer
6. Mother's Maiden Name Anna Hartmann
7. Mother's Birthplace Gerach Fr. Baiern Germany
8. Full Name of Father Julius Schäfer
9. Father's Occupation Machinist
10. Father's Birthplace Metzingen K. Würtemberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No, 26.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3087

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 22d 1875
4. *Place of Birth* (Street and Number)	358 Lexington St
5. *Full Name of Mother*	Esther Goldsmith
6. *Mother's Maiden Name*	Esther Siegel
7. *Mother's Birthplace*	Bavaria
8. *Full Name of Father*	Louis Goldsmith
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address	148 Mul. St.
Remarks	Living & Health Child

3088

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5th

1. Sex (state whether Male or Female) Female healthe
2. Race or Color (if not of the white race) race
3. Date of Birth born on the 22 ont of May /75
4. Place of Birth (Street and Number) No 39 Lemmon Alley
5. Full Name of Mother Karline Knopp
6. Mother's Maiden Name Karline Vadlofski
7. Mother's Birthplace West Prusia Germany
8. Full Name of Father Gothhart Knoph
9. Father's Occupation Laporer
10. Father's Birthplace born on the Same Place wher the Mother is

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address No 57 Smallwood St. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3089

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 22th
4. Place of Birth (Street and Number)	Monroe St. 59.
5. Full Name of Mother	Eliza Dash.
6. Mother's Maiden Name	Eliza Canty
7. Mother's Birthplace	Fredrick City
8. Full Name of Father	Adam Dash
9. Father's Occupation	Sailor South
10. Father's Birthplace	Richmond Va.
Name of Medical Attendant, or other Person who makes this Return.	Catherine Doll
Address	10 5th Bandlow
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3090

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 22nd
4. Place of Birth (Street and Number)	136 Mc Henry St
5. Full Name of Mother	Sarah Jane Gosnell
6. Mother's Maiden Name	Mercer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles H Gosnell
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	S. T Knight M D
Address	112 N Greene St
Remarks	This woman gave birth to 3 children before she was 19 years of age.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 22nd 1875
4. Place of Birth (Street and Number)	20 Rock St
5. Full Name of Mother	Johana Fabler
6. Mother's Maiden Name	Johana Guth
7. Mother's Birthplace	Prussia Germany
8. Full Name of Father	Edward Fabler
9. Father's Occupation	Dairyman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Connie Mesenkell M.D.
Address	214 Preston St
Remarks	

3092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 24th 1875

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 22nd 1875.
4. Place of Birth (Street and Number) No 117 E. Pratt St.
5. Full Name of Mother Anna Kutch
6. Mother's Maiden Name Anna Schleiber
7. Mother's Birthplace ~~America~~ Germania.
8. Full Name of Father George Kutch.
9. Father's Occupation Barber.
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 187. S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 22 ed. May 1875
4. Place of Birth (Street and Number) No 233 Biddle Street near Asquith Balto
5. Full Name of Mother Helen Bensel
6. Mother's Maiden Name Helen Yick
7. Mother's Birthplace Cap. Kreise Marburg
8. Full Name of Father Henry Bensel.
9. Father's Occupation
10. Father's Birthplace Lobenhouse Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt

Address No 209 Monument St. Cor. of Central ave. Baltim

Remarks Perfectly well.

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3094

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 22nd 75
4. Place of Birth (Street and Number) 44 Wyeth St
5. Full Name of Mother Catherine Wegwerth
6. Mother's Maiden Name Norton
7. Mother's Birthplace B City
8. Full Name of Father Charles Wegwerth
9. Father's Occupation Laborer
10. Father's Birthplace B City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 2nd 1875
4. Place of Birth (Street and Number) No 22 Warner St Balt.
5. Full Name of Mother Mary Jane Martin
6. Mother's Maiden Name Mary Jane Bulack
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John William Martin
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Pembroke M. Womble M.C.

Address No 203 West Lombard St Balt. Md.

Remarks

Extract Regulations ... rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Children
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	22 of May
4. *Place of Birth (Street and Number)*	Fort St, No. 18.
5. *Full Name of Mother*	Hariet Brohawn
6. *Mother's Maiden Name*	Hariet Woods
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wiliam Brohawn
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Dechester Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Wis Master
Address	West St. No. 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22nd of May
4. Place of Birth (Street and Number)	Baltimore, Federal St. No. 11
5. Full Name of Mother	Mary Herbert
6. Mother's Maiden Name	Mary Moore
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Herbert
9. Father's Occupation	Locomotive Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Cradoy
Address	No. 369 Cathedral St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 22 Mai
4. Place of Birth (Street and Number) Hammelbachs Gort 3
5. Full Name of Mother Philippine Metz
6. Mother's Maiden Name Weschingfelder
7. Mother's Birthplace Deutschland
8. Full Name of Father Leopolt Weschingfelder
9. Father's Occupation Arbeiter
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Katharine Münch

Address 74 Ledenhallstrit

Remarks

Birder Reg[illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3099

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
23
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st. 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth,* 23rd May.
4. *Place of Birth* (Street and Number) 20 N. Caroline
5. *Full Name of Mother* Mary Sophia King.
6. *Mother's Maiden Name* Poultney
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Robert Gender King
9. *Father's Occupation* Deputy Collector Internal Revenue
10. *Father's Birthplace* New York City

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo A Grayson

Address 18 Aisquith St

Remarks Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1st May 1875
4. Place of Birth (Street and Number) 68 Hermitter
5. Full Name of Mother Joanna Vansant
6. Mother's Maiden Name Joanna Maher
7. Mother's Birthplace Balt
8. Full Name of Father John Vansant.
9. Father's Occupation Tinner.
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. H W Webster M.D

Address 57 Barrett

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	21st May 1875
4. *Place of Birth (Street and Number)*	154 Hughes
5. *Full Name of Mother*	Lucy Smith
6. *Mother's Maiden Name*	Lucy Hamer
7. *Mother's Birthplace*	Balt. Co.
8. *Full Name of Father*	John Smith
9. *Father's Occupation*	Farmer
10. *Father's Birthplace*	Balt. Co.
Name of Medical Attendant, or other Person who makes this Return.	H W. Webster
Address	
Remarks	

3102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth Twenty Second May
4. Place of Birth (Street and Number) No 28 & McHenry St
5. Full Name of Mother Both dead
6. Mother's Maiden Name Anny Johnson
7. Mother's Birthplace Baltimore
8. Full Name of Father George Johnson
9. Father's Occupation Vine
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Seibach

Address West Fourth St 439

Remarks Catharine Seibach

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	20th May 1875
4. *Place of Birth (Street and Number)*	25 Barnitt
5. *Full Name of Mother*	Emma Curry
6. *Mother's Maiden Name*	Emma Lake
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Dan'l Curry
9. *Father's Occupation*	Grocer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J H Webster
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the third
1. Sex (state whether Male or Female)	Female healthe
2. Race or Color (if not of the white race)	white
3. Date of Birth	born on the 23 d May 1875
4. Place of Birth (Street and Number)	3 Calverton Road Balto City
5. Full Name of Mother	Kate Barth
6. Mother's Maiden Name	Kate Reeder
7. Mother's Birthplace	Alsfeld Hessen Darmstat Germany
8. Full Name of Father	Frederich Barth
9. Father's Occupation	Butcher
10. Father's Birthplace	Marburg Germany
Name of Medical Attendant, or other Person who makes this Return.	Lizzie Hillar
Address	No 37 Smallwood St. Balto.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3105

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23. 1875
4. Place of Birth (Street and Number)	76 Union Street
5. Full Name of Mother	Mary Catharine Wolff
6. Mother's Maiden Name	Mary Leitz
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Geo. L. Wolff
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Mahlon Brown M.D
Address	201 N. Biddle Street
Remarks	

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23 75
4. Place of Birth (Street and Number)	47 Frederick Avenue
5. Full Name of Mother	Maggie McKnight
6. Mother's Maiden Name	Maggie Grieley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John McKnight
9. Father's Occupation	Estone Mason
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A H Saxton M D
Address	543 Lexington
Remarks	(Instrumental)

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3107

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23rd May
4. Place of Birth (Street and Number)	Balto Co
5. Full Name of Mother	Lizzie Cork
6. Mother's Maiden Name	" Miller
7. Mother's Birthplace	New Hampshire
8. Full Name of Father	Anthony Cork
9. Father's Occupation	Florist
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	H. R. Noel M.D
Address	10 N. Carey st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23d 1875
4. Place of Birth (Street and Number)	39 E. Lombard st
5. Full Name of Mother	Annie Gaylart
6. Mother's Maiden Name	Annie McCluskey
7. Mother's Birthplace	Ireland
8. Full Name of Father	Benjaman Gaylart
9. Father's Occupation	laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Eliza Fleming
Address	97 Albemarle st
Remarks	Selthey

3109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	~~Female~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23. 1875
4. Place of Birth (Street and Number)	Baltimore 285 North Eden
5. Full Name of Mother	Elizabeth C Scheppler
6. Mother's Maiden Name	Elizabeth C Poore
7. Mother's Birthplace	Richmond Va
8. Full Name of Father	Frank Lee Scheppler
9. Father's Occupation	Upholster
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Amanda Maurine
Address	327 East Monument
Remarks	

3110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 23rd 1875
4. *Place of Birth (Street and Number)*	40 Portland St
5. *Full Name of Mother*	Mary Ann Kelly
6. *Mother's Maiden Name*	" " Ford
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	William L. Kelly
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return	~~[illegible]~~ Kelly Parent
Address	
Remarks	Healthy Born Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24th 1875
4. Place of Birth (Street and Number)	96 St. Paul St.
5. Full Name of Mother	Josephine Thomas Fleming
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Thomas
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Judson Gilman M.D.
Address	192 Saratoga St.
Remarks	Child well developed and healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Caucasian.
3. Date of Birth 24th May 1875.
4. Place of Birth (Street and Number) 120 Townsend Street.
5. Full Name of Mother Eva T. Davis.
6. Mother's Maiden Name Eva. T. Tuttle.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Charles Davis
9. Father's Occupation Hardware Merchant,
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Harvey L. Byrd M.D.

Address 366. ~~Ho~~ N. Fremont St. Baltimore Md.

Remarks Natural labor, 14 hours duration, vertex presentation

Mother and child doing well,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.)	The First
(state whether Male or Female)	Male
or Color (if not of the white race)	White
of Birth	May the 24. 60 clock A.M.
e of Birth (Street and Number)	Vine Street. 191.
Name of Mother	Mary Emmerich
her's Maiden Name	Mary Römer
her's Birthplace	Hessedarmstadt Germania
Name of Father	Georg Emmerich
her's Occupation	Tinner
her's Birthplace	Baltimore Md
ime of Medical Attendant, or other Person who makes this Return.	Mrs Dowler. Midwife
ldress	Schroeder St No
marks	

3114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2 children

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth born the 24th of May 1875
4. Place of Birth (Street and Number) 67 North castle
5. Full Name of Mother A Karline Hemlfing
6. Mother's Maiden Name Karline Dewert
7. Mother's Birthplace Germany
8. Full Name of Father Henry Devert
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crecentia Kunkel

Address 71 North chappel st pro Ins Kunkel

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 24th May 1875
4. Place of Birth (Street and Number) Baltimore Ramsay st 1. 58
5. Full Name of Mother Mrs. Sapino Faubel
6. Mother's Maiden Name — Schweizer
7. Mother's Birthplace Berneburg Hessen
8. Full Name of Father Mr Henry Faubel
9. Father's Occupation Shoemaker
10. Father's Birthplace Newen Brunsler

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible] 639.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) 2 Female. 1 Male.
2. Race or Color (if not of the white race) White
3. Date of Birth on 24 day of May 1875
4. Place of Birth (Street and Number) No 19 Wyeth Street Baltimore Md.
5. Full Name of Mother Molly Kroger
6. Mother's Maiden Name Henry Busch Catherine Busch.
7. Mother's Birthplace Gerenia
8. Full Name of Father F. W. Kroger
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible]

Remarks 1 [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24th 1875
4. Place of Birth (Street and Number)	213 South Paca St
5. Full Name of Mother	Sarah Ann Winkel
6. Mother's Maiden Name	Sarah Ann Galt
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Henry A. Winkel
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	30 N. Fremont St.
Remarks	Mother and child apparently healthy

rect Record of Vital Statistics in the City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4.
1. Sex (state whether Male or Female)	Mädchen.
2. Race or Color (if not of the white race)	mulatto.
3. Date of Birth	d. 27. Mai 1875.
4. Place of Birth (Street and Number)	Canton. Curly Street. No 6.
5. Full Name of Mother	Dhorothea Müller.
6. Mother's Maiden Name	Pfehr.
7. Mother's Birthplace	Bairern
8. Full Name of Father	Bernhardt. Müller
9. Father's Occupation	Lieutenant.
10. Father's Birthplace	Preußen = Baden.
Name of Medical Attendant, or other Person who makes this Return.	Anna Rimmen.
Address	118. Curly Street.
Remarks	

RETURN OF A BIRTH.

3078
3119

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 24th 1875
4. Place of Birth (Street and Number) No 1 Hastings
5. Full Name of Mother Florence Rachel Young Dennis
6. Mother's Maiden Name "
7. Mother's Birthplace Baltimore City "
8. Full Name of Father Wm Thos Young
9. Father's Occupation Taylor
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr James A. Stewart.

Address 93 Park av

Remarks Instrumental case, very difficult with adherent placenta - both Mother & child saved & doing well -

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

3120

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

3121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 24th 1875
4. Place of Birth (Street and Number)	45 Mt Vernon Place
5. Full Name of Mother	Fanny Elliott dent-
6. Mother's Maiden Name	" " Johnstone
7. Mother's Birthplace	South Carolina
8. Full Name of Father	William dent
9. Father's Occupation	Farmer
10. Father's Birthplace	District Columbia
Name of Medical Attendant, or other Person who makes this Return.	F J Miles. M.D.
Address	14 Cathedral St Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 24th 1875
4. *Place of Birth (Street and Number)* No 2512 Barclay St
5. *Full Name of Mother* Martha Virginia Hazlett
6. *Mother's Maiden Name* " " Chester
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Geo: Washington Hazlett
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Anne Arundel Co

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams

Address 201 Madison Ave

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	L
3. Date of Birth	24 " May 875
4. Place of Birth (Street and Number)	96 s. Exeter st.
5. Full Name of Mother	Kath Mony
6. Mother's Maiden Name	" Kary
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Jams Mony.
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard st.
Remarks	

RETURN OF A BIRTH.

~~2134~~

3124

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24th 1875
4. Place of Birth (Street and Number)	184 Hanover St.
5. Full Name of Mother	Mary G. Pippen
6. Mother's Maiden Name	nee Hall
7. Mother's Birthplace	Virginia
8. Full Name of Father	Edward A. Pippen
9. Father's Occupation	Tailor
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. Co. Hanover & Barre sts
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3125

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24th 1875
4. Place of Birth (Street and Number)	Baltimore Ross n 166
5. Full Name of Mother	Margret McCauley
6. Mother's Maiden Name	Cann
7. Mother's Birthplace	Ireland
8. Full Name of Father	Morris McCauley
9. Father's Occupation	Coachman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 98 Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
29
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th May
4. *Place of Birth (Street and Number)* 29 Bevan st.
5. *Full Name of Mother* Kate Boyd
6. *Mother's Maiden Name* " Toulan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michel
9. *Father's Occupation* Porter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M. D.

Address 174 E Eager st. Baltimore

Remarks Delivered with Instruments.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3127

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY. May 25 d 1875

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 24th 1875
4. Place of Birth (Street and Number) No 129 S. Chester St.
5. Full Name of Mother Anna Plumer
6. Mother's Maiden Name Anna Kiebe
7. Mother's Birthplace Germania
8. Full Name of Father Henry Plumer
9. Father's Occupation Tabaker
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mr. H. Amend

Address No 187 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3128

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 25th 1875

HEALTH DEPARTMENT, MAY 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 24th 1875
4. Place of Birth (Street and Number) Gough St. between Collington ave and Duncan alley
5. Full Name of Mother Lizzie Degenhard
6. Mother's Maiden Name Lizzie Klehm.
7. Mother's Birthplace America.
8. Full Name of Father Charles Degenhard.
9. Father's Occupation Sailor
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137. S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Children

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 of May.
4. *Place of Birth (Street and Number)* Abey Alley. No. 36.
5. *Full Name of Mother* Mary Eizer.
6. *Mother's Maiden Name* Mary Schiner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Eizer
9. *Father's Occupation* Schumaker.
10. *Father's Birthplace* Deloch Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Martin

Address West. St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child —
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	May 24th 1875 —
4. Place of Birth (Street and Number)	205 Johnson St.
5. Full Name of Mother	Ida V. North.
6. Mother's Maiden Name	" " Fowler.
7. Mother's Birthplace	Balti. City.
8. Full Name of Father	Gustavus B. North.
9. Father's Occupation	Railmaker.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall. M.D.
Address	15 E. S. Sharp St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

3131

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 24th 18[illegible]

4. Place of Birth (Street and Number) Cor. Hamburg & Burgundy [illegible]

5. Full Name of Mother Anne Nester Keany

6. Mother's Maiden Name Anne Nester

7. Mother's Birthplace Ireland

8. Full Name of Father John Keany

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 23 S. Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3132

1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE.

Child of Mother (state whether 1st, 2d, 3d, &c.) 4. Child

(state whether Male or Female) Girl

e or Color (if not of the white race) Wink

e of Birth 24. Mai.

ce of Birth (Street and Number) North Gay Street No. 517.

ll Name of Mother Mary Weriner.

ther's Maiden Name Mary Milske

ther's Birthplace Born in Bufadelgelia

ll Name of Father Charles Milske

ther's Occupation Fimenter.

ther's Birthplace in Schneisermuhes Begirungsbezirk Bromberg

ame of Medical Attendant, or other Person who makes this Return. Wolfhuger Heller

ddress Stirling St No 165.

emarks

3133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether Male or Female) Mail Child
2. Race or Color (if not of the white race) Colord
3. Date of Birth May 24th 1871
4. Place of Birth (Street and Number) Rear 13 north Bethel street
5. Full Name of Mother Mr Chyesabath Cannal
6. Mother's Maiden Name Baltimore Md Eastern Cannal
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Roberts
9. Father's Occupation Common labor
10. Father's Birthplace Easton Shore

Name of Medical Attendant, or other Person who makes this Return. Sarah Miles

Address 247 Orleans Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Monday May 24th 1875
4. Place of Birth (Street and Number) 6 Foundery St
5. Full Name of Mother Mary Jane Keegan
6. Mother's Maiden Name Mary Jane Donnlley
7. Mother's Birthplace Baltimore
8. Full Name of Father Patrick Francis Keegan
9. Father's Occupation Hackman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address 129 E Monument St

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

That any physician in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24. 75
4. Place of Birth (Street and Number)	225 Lanvale St.
5. Full Name of Mother	Laura Virginia Hudson
6. Mother's Maiden Name	Friedericks
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Thomas Alexander Dulin Hudson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Lewis M Cashman
Address	349 Lexington St. Balt Md
Remarks	

3136

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	8a
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 24 1875
4. Place of Birth (Street and Number)	303 Central av
5. Full Name of Mother	Elisabeth Winter
6. Mother's Maiden Name	" " " Domeiner
7. Mother's Birthplace	Germany
8. Full Name of Father	Nicolaus Winter
9. Father's Occupation	Backer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Walburga Müller
Address	165 Sterling Street.
Remarks	

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	May 25th 1875 – 2.30 PM
4. Place of Birth (Street and Number)	26 Oxford
5. Full Name of Mother	Margt Adele Bins
6. Mother's Maiden Name	" Mitchell
7. Mother's Birthplace	Montgomery Co. Md –
8. Full Name of Father	Charles Bins
9. Father's Occupation	Porter
10. Father's Birthplace	Anne Arundle Co. Md
Name of Medical Attendant, or other Person who makes this Return.	R Winslow MD
Address	23 McCulloh or 486 Pa Ave – City
Remarks	

3135

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25 1875.
4. Place of Birth (Street and Number)	187 So Bond St.
5. Full Name of Mother	Mary Wordell
6. Mother's Maiden Name	Mady
7. Mother's Birthplace	Germany
8. Full Name of Father	Earnest Wordell
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Brendel
Address	208 So Bond St
Remarks	Child lived only 5 Minutes

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	25 May 875
4. Place of Birth (Street and Number)	18 Gough st
5. Full Name of Mother	Gertrd Densch
6. Mother's Maiden Name	" Heimer
7. Mother's Birthplace	Germany
8. Full Name of Father	Georg Densch
9. Father's Occupation	schumaker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

3140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	25th May 875
4. Place of Birth (Street and Number)	22 front st.
5. Full Name of Mother	Marie Keller
6. Mother's Maiden Name	" Statny
7. Mother's Birthplace	Finland
8. Full Name of Father	Thom. Keller
9. Father's Occupation	Laborer
10. Father's Birthplace	Finland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	22 E. Lombard st.
Remarks	

3141

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth ~~M~~ 25/75.
4. Place of Birth (Street and Number) 623 Coppeltie Ave,
5. Full Name of Mother Amanda J. Spurrier,
6. Mother's Maiden Name Amanda J. Fountain,
7. Mother's Birthplace Baltimore City
8. Full Name of Father John E. Spurrier.
9. Father's Occupation Rail Road Official,
10. Father's Birthplace Carroll Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Address John I. R. Strozer. Md,

Remarks City.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3142

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 25th 1875.

4. Place of Birth (Street and Number) No 303 Monument Street Balto. Md.

5. Full Name of Mother Mary Gleichmann.

6. Mother's Maiden Name Mary Nowack.

7. Mother's Birthplace Brdg. Bohemia

8. Full Name of Father August Gleichmann

9. Father's Occupation Tinner

10. Father's Birthplace Neuwdorber Konigsberg.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bald

Address No 209 Monument Street. Cor. of Central Avenue

Remarks Well.

3143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 St Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 25 of May
4. Place of Birth (Street and Number) No 11 Mulling Street
5. Full Name of Mother Moleanner Sanders
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore City
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address No 70 Chemnut Street

Remarks Mother's Child Sw Well

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3144

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth May 18th 1875 ~~166 Walsh St Balt~~

4. Place of Birth (Street and Number) 166 Walsh St

5. Full Name of Mother Haddie M Barker

6. Mother's Maiden Name Haddie Matilda Snyder

7. Mother's Birthplace Martinsburg Va

8. Full Name of Father William H Barker

9. Father's Occupation Tobacco Merchant

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W Hammond MD

Address 53 S Paca St Balt

Remarks Natural Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3145

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth May 24th 1875

4. Place of Birth (Street and Number) Edmondson avenue 2d East of Gilmor

5. Full Name of Mother Elizabeth Register Young

6. Mother's Maiden Name Elizabeth Register Schaaf

7. Mother's Birthplace Baltimore County

8. Full Name of Father Joshua Thomas Young

9. Father's Occupation Book keeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Hammond M.D

Address 53 N Paca St Balto

Remarks Natural Labor

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

3146

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or ~~Female~~) White

2. Race or Color (if not of the white race)

3. Date of Birth May 25th 1875

4. Place of Birth (Street and Number) 119 Exeter St

5. Full Name of Mother H H Van Leer

6. Mother's Maiden Name Hirsch

7. Mother's Birthplace Germany

8. Full Name of Father Solomon Van Leer

9. Father's Occupation Book-Keeper

10. Father's Birthplace Holland

Name of Medical Attendant, or other Person who makes this Return. A Hunter

Address 76 Exeter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3147

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)	
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May the 25th 1875
4. *Place of Birth (Street and Number)*	274 Sharp Street
5. *Full Name of Mother*	Margarette Kessler
6. *Mother's Maiden Name*	" " " Armbruest
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Philip Kessler
9. *Father's Occupation*	Glassblower
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Kathrine Münch
Address	74 Ladenhal Street
Remarks	

3148

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 28th
4. *Place of Birth (Street and Number)* No 92 Queenmount Avenue
5. *Full Name of Mother* Margret Ann Wiedefeld
6. *Mother's Maiden Name* " " McComas
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Edward Wiedefeld
9. *Father's Occupation* Coach Painter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Jm. Brooke Boyle M. D.

Address 174 E Eager st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1926 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d ~~way~~ Child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* Born 2 of May

4. *Place of Birth* (Street and Number) No 14 high Alley

5. *Full Name of Mother* Mary L. Collins

6. *Mother's Maiden Name* Mary L McCoy

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Jhon McCoy Sailor

9. *Father's Occupation*

10. *Father's Birthplace* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. Sarah Miller

Address 247 Union Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25th 1875
4. Place of Birth (Street and Number)	No 769 Light st.
5. Full Name of Mother	Juliana Trustel.
6. Mother's Maiden Name	Kingler.
7. Mother's Birthplace	Germana.
8. Full Name of Father	Cornelious Trustel
9. Father's Occupation	Farmer.
10. Father's Birthplace	America.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasser. midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighteenth, (18th)

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Twenty-fifth (25th) May,
4. Place of Birth (Street and Number) 107 Parkins Street.
5. Full Name of Mother Margaret Coleman.
6. Mother's Maiden Name Hartlove,
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Alexander Coleman,
9. Father's Occupation Machinist
10. Father's Birthplace Kent County, Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Alderdice,

Address No. 15. McHenry Street.

Remarks * Labor rapid & easy; Child in good physical condition, & living.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3152

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth May 1
4. Place of Birth (Street and Number) 103 North Dallas rt
5. Full Name of Mother hester hockins
6. Mother's Maiden Name hester Demby
7. Mother's Birthplace Baltimore
8. Full Name of Father George hockins
9. Father's Occupation Wagenas
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address 32 Short rt

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3153

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth May 14
4. Place of Birth (Street and Number) short st no 18
5. Full Name of Mother Sarah Grant
6. Mother's Maiden Name Sarah Howard
7. Mother's Birthplace Baltim
8. Full Name of Father Frank Grant
9. Father's Occupation chad carrery
10. Father's Birthplace talbart co.

Name of Medical Attendant, or other Person who makes this Return. Mrs leah Johnson

Address 32 short st

Remarks healthy child

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

313 11

HEALTH DEPARTMENT JAN 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) colard
3. *Date of Birth* May 19
4. *Place of Birth* (Street and Number) 124 North Dallas st
5. *Full Name of Mother* Mary E Banks
6. *Mother's Maiden Name* Mary E Wright
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Banks
9. *Father's Occupation* Rakes on sleeping car
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address 32 short st

Remarks Healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 20th 1875
4. Place of Birth (Street and Number) South Eden St. No 129
5. Full Name of Mother Kate Heath
6. Mother's Maiden Name Stevens
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Heath
9. Father's Occupation Father
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible] Stein

Address 137 N. Exeter St.

Remarks Instrumental Labor

Extract Reg[illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 23
4. Place of Birth (Street and Number)	no 34 Hanover
5. Full Name of Mother	Mary Ann Barry
6. Mother's Maiden Name	Mary Ann Hanson
7. Mother's Birthplace	Talbert Co
8. Full Name of Father	Stephen Barry
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leah Johnson
Address	32 Short st
Remarks	healthy child

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3157

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fact
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1875
4. Place of Birth (Street and Number)	Pratt St. (395)
5. Full Name of Mother	Albertina Peters
6. Mother's Maiden Name	Albertina Commerman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Peters
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3158

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	(Female) White
2. Race or Color (if not of the white race)	
3. Date of Birth	May 25th 1895.
4. Place of Birth (Street and Number)	(Corner Ft. (2nd.)
5. Full Name of Mother	Wilhelmina E. Opt.
6. Mother's Maiden Name	" Zinn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis E. Opt.
9. Father's Occupation	Carpenter
10. Father's Birthplace	Saxon (Germany.)
Name of Medical Attendant, or other Person who makes this Return.	Mary Kerr
Address	325 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3159

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth Child & Second Daughter

1. Sex (state whether Male or Female) Femal
2. Race or Color (if not of the white race) White
3. Date of Birth May 25th 1875
4. Place of Birth (Street and Number) 77 Lemmon Street
5. Full Name of Mother Martha Ellen Mask
6. Mother's Maiden Name Martha Ellen Kenney
7. Mother's Birthplace Black Rock Baltimore County Md
8. Full Name of Father William Anthony Mask
9. Father's Occupation House Carpenter
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address N. 99 S. Monroe St.

Remarks In Good Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3160.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th child
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	Irish
3. Date of Birth	25 of May
4. Place of Birth (Street and Number)	98. N. Eutaw
5. Full Name of Mother	Catherine ~~Kelly~~ Duffy
6. Mother's Maiden Name	Catherine Murphey
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Daniel Duffy
9. Father's Occupation	Night Clerk Eutaw House
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Krogh
Address	328 So Eutaw. Baltimore
Remarks	This was a fort presentation & child died from compression of the cord.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3161

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 25 May
4. *Place of Birth (Street and Number)* 107 E Madison St.
5. *Full Name of Mother* Mary ~~Tiesler~~ Wentzel Tiesler
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Albert L. Wentzel
9. *Father's Occupation* Church maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. G. Miller

Address 151 E. Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 25 May
4. Place of Birth (Street and Number) 43 Hisquith St.
5. Full Name of Mother Lewe J. ~~Fooks~~ Dailey
6. Mother's Maiden Name " " Fooks
7. Mother's Birthplace Maryland
8. Full Name of Father Samuel J. Dailey
9. Father's Occupation House-Carpenter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Getraut Miller

Address 151 E Pratt St.

Remarks

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4tes Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth May 25th 1875
4. Place of Birth (Street and Number) Chase St. No. 370
5. Full Name of Mother Louise Gerhardt
6. Mother's Maiden Name Louise Lups
7. Mother's Birthplace Marne V. Preussen Germany
8. Full Name of Father Conrad Gerhard
9. Father's Occupation Bricklayer
10. Father's Birthplace Langd Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks dead born.

Extract Regulations of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3164

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child gray Bowers

1. Sex (state whether Male or Female) male may th

2. Race or Color (if not of the white race) brown

3. Date of Birth

4. Place of Birth (Street and Number) Elbo lain mo 25

5. Full Name of Mother Jacy Bour mo fawther

6. Mother's Maiden Name Mother Barnd in Cambrid

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation Washwoman Lucy Refusher

10. Father's Birthplace 1 midwif Barnd Alstornsha

Name of Medical Attendant, or other Person who makes this Return. virgenr 134 Lubow St

Address Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3165

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25th May 1875
4. Place of Birth (Street and Number) 15 N. Eutaw St
5. Full Name of Mother Annie Mary Parker
6. Mother's Maiden Name do do Ehlen
7. Mother's Birthplace Washington D.C.
8. Full Name of Father Llewellyn J. Parker
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Henry R. Noel M.D.

Address No 10 N. Carey St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 23d 1875
4. Place of Birth (Street and Number) N. Eutaw st Balto
5. Full Name of Mother Ellen Guillemin
6. Mother's Maiden Name Ellen Adams
7. Mother's Birthplace England
8. Full Name of Father Thomas Guillemin
9. Father's Occupation House Painter
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin st Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Col
3. Date of Birth	24 May 1875
4. Place of Birth (Street and Number)	N. 34 Jasper st Balto
5. Full Name of Mother	Ann Marshall
6. Mother's Maiden Name	Ann Parkin
7. Mother's Birthplace	Maryland this
8. Full Name of Father	John Marshall
9. Father's Occupation	Clerk
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J H Patterson M D
Address	23 Franklin " Balto
Remarks	

rect Record of Vital Statistics in the

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Children

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Wite
3. Date of Birth 26 of May.
4. Place of Birth (Street and Number) West. St. No. 116.
5. Full Name of Mother Jane Heslin
6. Mother's Maiden Name Jane Belle
7. Mother's Birthplace Dorgester County
8. Full Name of Father Jorge Heslin
9. Father's Occupation City Worke.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mars Martin

Address West. St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 26/75
4. Place of Birth (Street and Number)	76 S. Mount St.
5. Full Name of Mother	Mary E. Debow
6. Mother's Maiden Name	Mary E. Robinson,
7. Mother's Birthplace	Balto City
8. Full Name of Father	Nicholas G. Debow.
9. Father's Occupation	Painter
10. Father's Birthplace	Balto County.
Name of Medical Attendant, or other Person who makes this Return.	John I. R. Krozer, M.D.
Address	" "
Remarks	City.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 26th 1875
4. Place of Birth (Street and Number) McLyngin Asylum, 103 W. Lanford
5. Full Name of Mother Matilda Thistle
6. Mother's Maiden Name Matilda Dinsmore
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father James Thistle
9. Father's Occupation Shoecutter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. A. Gieser M.D.

Address Res't Physician

Remarks McLyngin Asylum

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 26 1875
4. *Place of Birth (Street and Number)* Balt Dranon court No 5
5. *Full Name of Mother* Catharine Weaver
6. *Mother's Maiden Name* Catharine dickson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Frances dickson
9. *Father's Occupation* Chicken huckster
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Midwife Maria Potter

Address residence 191 Hughes street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th day of May 1875
4. Place of Birth (Street and Number)	392 East Chase St
5. Full Name of Mother	Adelaide Kremer
6. Mother's Maiden Name	Adelaide Yost
7. Mother's Birthplace	Lancaster, Pa
8. Full Name of Father	William Vinton Kremer
9. Father's Occupation	Oyster & Fruit Commission
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary A. Allwell
Address	279 Mc Donough
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

Margeret Melzenberge

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 26 May 1874

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Withe
3. Date of Birth 26 May
4. Place of Birth (Street and Number) 3 th Avenue
5. Full Name of Mother Margeret Melzenberge
6. Mother's Maiden Name Margeret Baul Shultheis
7. Mother's Birthplace Rashenberg
8. Full Name of Father Paul Shultheis
9. Father's Occupation Leborer
10. Father's Birthplace Metzler Aus Framersheim Herm

Name of Medical Attendant, or other Person who makes this Return. Anna Maria Goeller

Address 3 th Avenue

Remarks Heath

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE

3174

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 26 4 May 1875
4. Place of Birth (Street and Number) No 5 McEldery Corte
5. Full Name of Mother Marry Kelley
6. Mother's Maiden Name Marry Comenhann
7. Mother's Birthplace Ireland
8. Full Name of Father James Kelley
9. Father's Occupation Labore
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Wisula S Chrisme

Address No 129 E Monument St

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3175

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26th 1895
4. Place of Birth (Street and Number)	No 361 N. Broadway
5. Full Name of Mother	Elizabeth A Blankfard
6. Mother's Maiden Name	" McIntosh
7. Mother's Birthplace	Balto City
8. Full Name of Father	Jacob Blankfard
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Walter W White, M.D.
Address	No 300 N. Broadway
Remarks	Child healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1896 BALTIMORE

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 22nd 1896
4. Place of Birth (Street and Number)	No 117 Chew St
5. Full Name of Mother	Kate L. Miller
6. Mother's Maiden Name	" " Mason
7. Mother's Birthplace	Richmond Va.
8. Full Name of Father	John F. Miller
9. Father's Occupation	Wagoner
10. Father's Birthplace	Balto Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Walter H. White, M.D.
Address	No 350 N. Broadway
Remarks	In good condition. Weight (11) lbs

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth May 26 — 1875
4. Place of Birth (Street and Number) No 436 Mulberry St —
5. Full Name of Mother Mary V Mentzler —
6. Mother's Maiden Name " Bargeall —
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Lawrence Mentzler
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W G Reeves

Address 87 Mulberry St —

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th of May 1875
4. Place of Birth (Street and Number)	No. 22 New Church [illegible] 57
5. Full Name of Mother	Johanna Hanicke
6. Mother's Maiden Name	Johanna Glatzel
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Adolph Hanicke
9. Father's Occupation	Taylor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Ann Wagner
Address	No. 174 Burgundy Str.
Remarks	none

RETURN OF A BIRTH.

~~2[illegible]~~ 179

HEALTH DEPARTMENT MAY 27 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 26th 1875
4. Place of Birth (Street and Number) No 247 New George St. B. C.
5. Full Name of Mother Mary Laura Carroll
6. Mother's Maiden Name M. L. Booker
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James Ambrose Carroll
9. Father's Occupation Tobacconist
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Womble M. D.

Address No 203 W. Lombard St. Baltimore Md

Remarks

[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3 children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	born 21st of May 1875
4. Place of Birth (Street and Number)	No 342 East Lombert st
5. Full Name of Mother	Lilly Rosenbauer
6. Mother's Maiden Name	Lilly Hengenmihle
7. Mother's Birthplace	Germany
8. Full Name of Father	August Hengenmihle
9. Father's Occupation	Paperhanger
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crecentia Kunkel
Address	71 North Chappel st per John Kunkel
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3181

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* May 27th
4. *Place of Birth* (*Street and Number*) 109 Johnson St
5. *Full Name of Mother* Eleanor Berger
6. *Mother's Maiden Name* Eleanor Bennett
7. *Mother's Birthplace* Balt
8. *Full Name of Father* George F Berger
9. *Father's Occupation* Carver
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address 107 Johnson St

Remarks

3182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Decon

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colard
3. Date of Birth 27 of May
4. Place of Birth (Street and Number) No 83 Wesmalley
5. Full Name of Mother Carnelia fountain
6. Mother's Maiden Name Carnelia Walton
7. Mother's Birthplace Anamessa
8. Full Name of Father Thomas fountain
9. Father's Occupation Labor
10. Father's Birthplace fair mount

Name of Medical Attendant, or other Person who makes this Return.

Address No 40 Hill St

Remarks Mary A Dorsey

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 27th
4. Place of Birth (Street and Number)	62 Hillman
5. Full Name of Mother	Ellen Dunn
6. Mother's Maiden Name	" O'Connell
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Dunn
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jas. Brooke Boyle M. D.
Address	174 E. Eager St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3184

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 28th 1875

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 27th 1875.

4. Place of Birth (Street and Number) No 385 Eastern ave.

5. Full Name of Mother Lina Brand.

6. Mother's Maiden Name Lina Stenger.

7. Mother's Birthplace Germania.

8. Full Name of Father George Brandt.

9. Father's Occupation Laborer.

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 137 S. Wolfe St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
31
1925
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 27th
4. Place of Birth (Street and Number)	174 E. Franklin St
5. Full Name of Mother	Olivia E. Pietsch
6. Mother's Maiden Name	Olivia E. Eich
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Wm. F. Pietsch
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. E. J. Curtin
Address	148 Mulberry St
Remarks	Living & Healthy —

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 27th 1875
4. Place of Birth (Street and Number)	East Belair Road.
5. Full Name of Mother	Anna Lochner Miller
6. Mother's Maiden Name	Anna Lochner
7. Mother's Birthplace	America
8. Full Name of Father	William Miller
9. Father's Occupation	Teamster
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	No 178 Chapel St. F.P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7. Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May the 27 1875

4. Place of Birth (Street and Number) No 356 McDough Ste

5. Full Name of Mother Martha E ~~Jackson~~ Mclean

6. Mother's Maiden Name Martha E Jackson

7. Mother's Birthplace Queen Anne Co MD

8. Full Name of Father Richard W Cleaver

9. Father's Occupation Clerk

10. Father's Birthplace Queen Anne County

Name of Medical Attendant, or other Person who makes this Return. Rossetta Wills

Address No 70 Chestnut Street

Remarks Mother and Child Dear Will

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3188

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 St
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 26 . 75.
4. Place of Birth (Street and Number)	74 Bank St
5. Full Name of Mother	Marie Braun
6. Mother's Maiden Name	= Witmann
7. Mother's Birthplace	Cit Baltimore
8. Full Name of Father	Julius Braun
9. Father's Occupation	Laborer
10. Father's Birthplace	Cit Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm E Burchmann
Address	120 Balt Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3189

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Dr

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 26. 75
4. *Place of Birth (Street and Number)* 290 Bank St.
5. *Full Name of Mother* Deltamonia Hunt
6. *Mother's Maiden Name* Abrahams
7. *Mother's Birthplace* Citi Balt
8. *Full Name of Father* John Hunt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Citi Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burghmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth May 27th 1875

4. Place of Birth (Street and Number) 584 Penna Ave

5. Full Name of Mother Mary Eckstein

6. Mother's Maiden Name Mary Smith

7. Mother's Birthplace Baltimore Md

8. Full Name of Father George Eckstein

9. Father's Occupation Labour

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenschel

Address 214 Preston Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3191

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 27th 1875
4. Place of Birth (Street and Number) Baltimore Wyethist No 5
5. Full Name of Mother, Adalaid Wats
6. Mother's Maiden Name Burea
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard Wats
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 58 Parkin St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT J. Y. 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 27th May 1875
4. Place of Birth (Street and Number) 18 Boulden Alley. Baltimore Md.
5. Full Name of Mother Mary Lincoln
6. Mother's Maiden Name Mary Constine
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Lynch
9. Father's Occupation Colour
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 136 [illegible] St Baltimore Md.

Remarks Mother and [illegible] doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3193

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 2
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Boy.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Thursday May 4th 1876.
4. Place of Birth (Street and Number)	China alley # 6.
5. Full Name of Mother	Annie Maria Murphy.
6. Mother's Maiden Name	Annie Maria Kane.
7. Mother's Birthplace	New York
8. Full Name of Father	Andrew Murphy.
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mary Robb
Address	328 South Eutaw st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	28 - May 875
4. Place of Birth (Street and Number)	89, Wolf st.
5. Full Name of Mother	Ellen Ford
6. Mother's Maiden Name	" Dutterman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lorenz Ford
9. Father's Occupation	Mer Doctor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jasper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1875
4. Place of Birth (Street and Number)	No 276 S. Charles st.
5. Full Name of Mother	Elizabeth L. Bantheim
6. Mother's Maiden Name	nee Sullivan
7. Mother's Birthplace	Maryland
8. Full Name of Father	Chas. H. Bantheim
9. Father's Occupation	Carriage builder
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	M.D. Co Hanover & Baltimore
Remarks	562

3196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1875
4. Place of Birth (Street and Number)	189 Conway St.
5. Full Name of Mother	Mary E. Sims
6. Mother's Maiden Name	Swan
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jos L. Sims
9. Father's Occupation	Stove dealer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. Co Hanover & Baltimore Sts
Remarks	(Vital force, small)

3197

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN
3
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1875
4. Place of Birth (Street and Number)	1st Avenue 10 Doors from Ld
5. Full Name of Mother	Lazah, Cooke
6. Mother's Maiden Name	Sarah, Rundle
7. Mother's Birthplace	Maryland
8. Full Name of Father	Babylon, Cooke
9. Father's Occupation	Mariner
10. Father's Birthplace	"Eastern Shore"
Name of Medical Attendant, or other Person who makes this Return.	Dr et B Noble
Address	17, Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	25th of May 1875
4. Place of Birth (Street and Number)	13 Anthony St.
5. Full Name of Mother	Sarah Jane Pugh
6. Mother's Maiden Name	Sarah Jane Dunphey
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	John L Pugh
9. Father's Occupation	Lightning Rod business
10. Father's Birthplace	Balto Co 12 dct
Name of Medical Attendant, or other Person who makes this Return.	Mary A. Allwell
Address	279 McH Donough St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24th
4. Place of Birth (Street and Number)	42 Amity st Baltimore
5. Full Name of Mother	Ella Robinson
6. Mother's Maiden Name	Blackford
7. Mother's Birthplace	New Brunswick - New Jersey
8. Full Name of Father	James H. Robinson
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Dicken M.D.
Address	261 Madison Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	~~White~~ Irish
3. Date of Birth	28th May 1875
4. Place of Birth (Street and Number)	146 George Street
5. Full Name of Mother	Julia Barron
6. Mother's Maiden Name	Julia Egan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Barron
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer
Address	201 W. Biddle Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

32.01

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th "
1. Sex (State whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1875
4. Place of Birth (Street and Number)	20 Neighbor St
5. Full Name of Mother	Elizabeth A. Keller.
6. Mother's Maiden Name	" " Nugent
7. Mother's Birthplace	England
8. Full Name of Father	George A Keller
9. Father's Occupation	Police Officer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Healthy hearty Boy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT. MAY 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 28 May 1875
4. Place of Birth (Street and Number) 127 Pennsylvania Avenue
5. Full Name of Mother Bridget Smith
6. Mother's Maiden Name Bridget Taff
7. Mother's Birthplace Ireland
8. Full Name of Father John Smith
9. Father's Occupation Picture dealer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown Md

Address 201 W. Biddle Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29th
4. Place of Birth (Street and Number)	239 St Paul St.
5. Full Name of Mother	Carrie G. Carroll
6. Mother's Maiden Name	Carrie G. Judick
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thos. G. Carroll
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St.
Remarks	Living & healthy.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 29th 1875
4. *Place of Birth* (Street and Number) No. 374 West st.
5. *Full Name of Mother* Anna Lange.
6. *Mother's Maiden Name* Moeller.
7. *Mother's Birthplace* Germana.
8. *Full Name of Father* (Laborer) Ferdinand Lange.
9. *Father's Occupation* ( )
10. *Father's Birthplace* Germana.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address No 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29th 1875
4. Place of Birth (Street and Number)	201 Druid Hill Avenue
5. Full Name of Mother	Sallie J Billson Pratt
6. Mother's Maiden Name	Sallie Billson
7. Mother's Birthplace	Harper's Ferry
8. Full Name of Father	John Wm Pratt
9. Father's Occupation	Grocer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Caleb Winslow
Address	237 McCulloh st
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth May 29. 1875.
4. Place of Birth (Street and Number) 140 Preston & Cor Druid Hill Avenue
5. Full Name of Mother Anna E. Reese
6. Mother's Maiden Name Anna E. Craig.
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm. P. Reese
9. Father's Occupation Salesman or Clerk
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. R. McAllaund, M.D.

Address 71, Franklin St.

Remarks Child healthy — good size

W. R. McAllaund M.D.

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3207

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 29th 1875
4. Place of Birth (Street and Number) Md Lying in Asylum, 1 E. W. Lombard
5. Full Name of Mother Laura Miller
6. Mother's Maiden Name Ditto
7. Mother's Birthplace Baltimore Co. Md.
8. Full Name of Father Jno. M. Brown
9. Father's Occupation Salesman
10. Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this Return. D. A. Geisler M.D.

Address Asst. Physician

Remarks Md L. in Asylum

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 29. 75
4. Place of Birth (Street and Number) 47 Medura Ave
5. Full Name of Mother ~~Othi~~ Othilie Dacker
6. Mother's Maiden Name " Colmann
7. Mother's Birthplace City Baltimore
8. Full Name of Father Jacob Dacker
9. Father's Occupation Leboror, City Baltimore
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burdimann

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure a fair and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29 of May
4. *Place of Birth (Street and Number)* Hanover Lane. 94 No.
5. *Full Name of Mother* Mary Rourke
6. *Mother's Maiden Name* Mary Roarke
7. *Mother's Birthplace* in Ireland
8. *Full Name of Father* Michal Rourke.
9. *Father's Occupation* Labr.
10. *Father's Birthplace* in Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm. Martin

Address West St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth May 29
4. Place of Birth (Street and Number) ~~the~~ Meeldry cort [illegible] number
5. Full Name of Mother Amelia lockman unmarried
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs leah [illegible]

Address 32 shorts

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3211

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 3 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 21st 1875
4. *Place of Birth (Street and Number)* 19 Pleasant St.
5. *Full Name of Mother* Honora Conroy
6. *Mother's Maiden Name* " Stanton
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Conroy
9. *Father's Occupation* Captain of an Oyster Boat
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Samuel L. Adams M.D.

Address 254 Eastern Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sophie Straw Ana Straw first child

1. Sex (state whether Male or Female) state born stattowiza Tapor.
2. Race or Color (if not of the white race) white race.
3. Date of Birth ana straw born 24 May 1873
4. Place of Birth (Street and Number) barnnes street Number 18.
5. Full Name of Mother thom and Sophie Fuka.
6. Mother's Maiden Name Sophie and Ana Fuka
7. Mother's Birthplace stattowiza.
8. Full Name of Father thomas Fuka
9. Father's Occupation laberwork
10. Father's Birthplace town jatetizsh

Name of Medical Attendant, or other Person who makes this Return. ana Ochainaus.

Address Barnes street number 18.

Remarks John Swez.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

9215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
1
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first Child

1. Sex (state whether Male or Female) female)

2. Race or Color (if not of the white race) Colord

3. Date of Birth May 30 1875

4. Place of Birth (Street and Number) No 120 Cider Alley

5. Full Name of Mother Elizbath Anne Howard

6. Mother's Maiden Name Elizbath A Downes

7. Mother's Birthplace Hagerstown Md

8. Full Name of Father Charles Howard

9. Father's Occupation Whit Washer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Philbrick Md

Address No 99 north St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

32114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	3, d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 30th 1875
4. Place of Birth (Street and Number)	448 W Baltimore St.
5. Full Name of Mother	Catherine Währhahn
6. Mother's Maiden Name	" " " Weber
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Eduard Währhahn
9. Father's Occupation	—
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No 4 E Fayette Street
Remarks	

3215

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 13
4. *Place of Birth* (Street and Number) No 80 Harrison st
5. *Full Name of Mother* Margret Miller
6. *Mother's Maiden Name* Margret Wittig
7. *Mother's Birthplace* Bauern
8. *Full Name of Father* Lewis Miller
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Schwartzburg

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address Granby st No 70

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3216

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 18

4. Place of Birth (Street and Number) No 37 Dunken alley

5. Full Name of Mother Margraten Schlisler

6. Mother's Maiden Name Margraten Ewalt

7. Mother's Birthplace Baltimore

8. Full Name of Father Conrat Schlisler

9. Father's Occupation Baltimore

10. Father's Birthplace Backer

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Franky St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 21
4. Place of Birth (Street and Number) No 167 Eden St
5. Full Name of Mother Mary Birgnehr
6. Mother's Maiden Name Mary Fihr
7. Mother's Birthplace Germany
8. Full Name of Father John Birgnehr
9. Father's Occupation None
10. Father's Birthplace Pachsen

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3215

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 25
4. *Place of Birth (Street and Number)* Ch° 126 Granby St
5. *Full Name of Mother* Mary Lonaburg
6. *Mother's Maiden Name* Mary Migaler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friederich Lonaburg
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3719

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Female

2. Race or Color (if ~~not~~ of the ~~white race~~) White

3. Date of Birth 29th May 1875

4. Place of Birth (Street and Number) 12 Bird st.

5. Full Name of Mother Mary Russell

6. Mother's Maiden Name Radford

7. Mother's Birthplace Ireland

8. Full Name of Father Michael Russell

9. Father's Occupation Ship carpenter

10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. J. E. Harrington M.D.

Address 364 Light St.

Remarks

RETURN OF A BIRTH.

3820

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29
4. Place of Birth (Street and Number)	No 62 Washington st
5. Full Name of Mother	Mrs Schibler
6. Mother's Maiden Name	Pink
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Schisler
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Siemon
Address	No 70 Eranby st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	30th May 1875
4. *Place of Birth (Street and Number)*	274 S. Charles St
5. *Full Name of Mother*	Sarah Owens
6. *Mother's Maiden Name*	Sarah McCraught
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Chas. Owens
9. *Father's Occupation*	Plumber
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. H. Webster
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 30th 1875
4. Place of Birth (Street and Number) Md Lying-in Asylum, 163 W. Lombard St.
5. Full Name of Mother Anna Hall
6. Mother's Maiden Name Anna Thomas
7. Mother's Birthplace St. Louis Mo.
8. Full Name of Father Chas Sanford Hall
9. Father's Occupation R. R. Clerk
10. Father's Birthplace St. Louis, Mo.

Name of Medical Attendant, or other Person who makes this Return. D. A. Gieseler, M.D.

Address Rest Physician

Remarks Md. Lying-in Asylum

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3223

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 25th

4. Place of Birth (Street and Number) Dover St No 26

5. Full Name of Mother Anni M Utz

6. Mother's Maiden Name Anni M Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father Andrii Utz

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Sinclair

Address No 29 Morro St

Remarks

3224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5des Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Mai 28th 1875
4. Place of Birth (Street and Number) E. Lombard. St. No. 203.
5. Full Name of Mother Katharina Hamman
6. Mother's Maiden Name Katharina Müller
7. Mother's Birthplace Leiningen K. Würtemberg Germany
8. Full Name of Father Jakob Hamman
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Hebsesau K. Würtemberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health, Relating to the Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3225
3226

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2: Twins Childern

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* [redacted] Mai 29th 1875
4. *Place of Birth (Street and Number)* N. Eden St. No. 66.
5. *Full Name of Mother* Louise ~~Leif~~ Schröder
6. *Mother's Maiden Name* Lous Leif
7. *Mother's Birthplace* Helmuthhausen, K. Baiern Germany
8. *Full Name of Father* Heinrich Schröder
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Braunschweig Herz. Braunschweig Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Miller

Address N. Dallas St. No. 26.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Six Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	The Color of Child is yellow
3. Date of Birth	Born on the 30 of May 1875
4. Place of Birth (Street and Number)	Born on Orleans St No 237
5. Full Name of Mother	Elizebeth brine
6. Mother's Maiden Name	Mother Maiden Name Elizebeth [illegible]
7. Mother's Birthplace	Mothers Birthplace Baltimore Md
8. Full Name of Father	Name of Father thomas brine
9. Father's Occupation	Portor for John M Orem [illegible]
10. Father's Birthplace	Fathers Birthplace St Mary's County
Name of Medical Attendant, or other Person who makes this Return.	Midwife Harriet Brit[illegible]
Address	Address No 70 north [illegible]
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26th 75
4. Place of Birth (Street and Number)	Mulberry st.
5. Full Name of Mother	Charlotte E. Hoffman
6. Mother's Maiden Name	Charlotte E. Force
7. Mother's Birthplace	New York
8. Full Name of Father	George Hoffman
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. H. Easton M.D.
Address	543 Lexington st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 26 of May 1875
4. Place of Birth (Street and Number) 20 Russel St
5. Full Name of Mother Rosene Lendoue
6. Mother's Maiden Name Rosene Giswain
7. Mother's Birthplace Germenn
8. Full Name of Father Christ Lendoue
9. Father's Occupation Carver
10. Father's Birthplace Germenn

Name of Medical Attendant, or other Person who makes this Return. Mary Mazanenus

Address Russel St. S.W.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

32.30

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
4
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex* (state whether Male or Female) Female Child
2. *Race or Color* (if not of the white race) Light Brown skin
3. *Date of Birth* May 26-1875
4. *Place of Birth* (Street and Number) Gilless court
5. *Full Name of Mother* Margretta Green
6. *Mother's Maiden Name* ~~Brown~~ Margretta Brown
7. *Mother's Birthplace* Md
8. *Full Name of Father* Alford Green
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Midwife Chaplin

Address .....

Remarks No 69 S Bethel st Balt Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two Children

1. Sex (state whether Male or Female) Male and female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 26th of May
4. Place of Birth (Street and Number) Shuder St ~~[illegible]~~ 1.14
5. Full Name of Mother Lusinday Ballard
6. Mother's Maiden Name Lusinday Johnson
7. Mother's Birthplace Messick County Virginia
8. Full Name of Father Lerum Ballard
9. Father's Occupation Worker in foundry
10. Father's Birthplace Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return, Lusinday Woolford

Address Lusinday Woolford 130 Register St Baltimore

Remarks they are Veteran along fine and is Cleared for

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29th
4. Place of Birth (Street and Number)	109 N Paca near Back
5. Full Name of Mother	Emily M. Frist
6. Mother's Maiden Name	Emily M Hall
7. Mother's Birthplace	Connecticut
8. Full Name of Father	John Frist
9. Father's Occupation	Coach maker
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	M^d^ Dennis
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	27 May
4. Place of Birth (Street and Number)	68 S. Caroline St.
5. Full Name of Mother	Mary Weinmann
6. Mother's Maiden Name	" Stern
7. Mother's Birthplace	Germanny
8. Full Name of Father	Julius Weinmann
9. Father's Occupation	Sales Man
10. Father's Birthplace	Germanny
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

32,34

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
4
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. *Sex* (state whether Male or Female)	Boy.
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	28 d. May 1875.
4. *Place of Birth* (Street and Number)	130 Abbott st.
5. *Full Name of Mother*	Josepha Kazeelka
6. *Mother's Maiden Name*	Josepha Kupshosca.
7. *Mother's Birthplace*	Bohimia.
8. *Full Name of Father*	Frank Kozeetchy
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Bohimia
Name of Medical Attendant, or other Person who makes this Return.	Kate Pazourek.
Address	130 Abbott st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3235

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 4 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 28th 1875
4. *Place of Birth* (Street and Number) 688 W. Fayette St.
5. *Full Name of Mother* Annie B. Rupp
6. *Mother's Maiden Name* Marine
7. *Mother's Birthplace* Shrewsbury Pa.
8. *Full Name of Father* Chas. H. Marine
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer M.D.

Address 579 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th May
4. Place of Birth (Street and Number)	Baltimore 305 Bond st
5. Full Name of Mother	Virginia Guarnelle
6. Mother's Maiden Name	Watts
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Guarnelle
9. Father's Occupation	Gas Inspector
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Susannah Shroeder
Address	Harford Road
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Mar 29th 1875
4. Place of Birth (Street and Number) 11 McConnell St.
5. Full Name of Mother Malvina Bahrd
6. Mother's Maiden Name " Strut
7. Mother's Birthplace Germany
8. Full Name of Father Henry Bahrd
9. Father's Occupation Life Insurance Agent
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 North Bond St.

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) thirt

1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) weith.
3. Date of Birth 28 mai
4. Place of Birth (Street and Number) Thames near Ann
5. Full Name of Mother Michalina Pomugalsko
6. Mother's Maiden Name " Wituska
7. Mother's Birthplace in Misostowia near Miescisko
8. Full Name of Father Peter Witucki
9. Father's Occupation Lebel work
10. Father's Birthplace Lasisko by Wongrowiec

Name of Medical Attendant, or other Person who makes this Return. ~~well~~ Zecilia Zygaj

Address 77 Thames St.

Remarks well

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3239

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th May 1875
4. Place of Birth (Street and Number)	66 S. Ann St.
5. Full Name of Mother	Mary Catharine Remington
6. Mother's Maiden Name	Wagner
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Jesse Remington
9 Father's Occupation	Book Keeper
10. Father's Birthplace	Somerset Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	E. P. Ivins M. D.
Address	406 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3240

RETURN OF A BIRTH.

May 29

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~.)	2d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May the 28th 1875
4. *Place of Birth (Street and Number)*	209 Sharp Street
5. *Full Name of Mother*	Elise Käpper
6. *Mother's Maiden Name*	" " " Grad
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Käpper
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Münch
Address	74 Ladenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3241

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth May 28/75
4. Place of Birth (Street and Number) 197 S. Chester St.
5. Full Name of Mother Sarah Coughlan
6. Mother's Maiden Name Sarah Murdoch
7. Mother's Birthplace Balto Md
8. Full Name of Father Kerin Coughlan
9. Father's Occupation Labourer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs E Frey

Address 193 S. Chester St Balto

Remarks Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

32112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male or Female)* Boy Boy
2. *Race or Color (if not of the white race)* White rdce
3. *Date of Birth* 27 may 1875
4. *Place of Birth (Street and Number)* Ridgley st no 33
5. *Full Name of Mother* Williamina J. Strauch
6. *Mother's Maiden Name* Mathew Germany. Schutty
7. *Mother's Birthplace* gearmany
8. *Full Name of Father* John Strauch
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Schutty gernay

Name of Medical Attendant, or other Person who makes this Return. Mrs mary ann wagner

Address No 174 burgundy St

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (or)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30 / 75
4. Place of Birth (Street and Number)	John st near Eden st
5. Full Name of Mother	Mary C Bregel
6. Mother's Maiden Name	Mary C Peregoy
7. Mother's Birthplace	Washington
8. Full Name of Father	John G Bregel
9 Father's Occupation	Harness Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winter
Address	No 178 Harford Ave
Remarks	

Extract from Register of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3244

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 30 '75
4. *Place of Birth (Street and Number)* 56 Register St
5. *Full Name of Mother* Sophie Faith
6. *Mother's Maiden Name* Danz
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Georg Faith
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3245

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30 1875
4. Place of Birth (Street and Number)	No 20 Riverside av
5. Full Name of Mother	Lydia J. Kain
6. Mother's Maiden Name	Lydia J. Hinton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thos J. Kain
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M.D
Address	17 Warren St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 30th
4. *Place of Birth (Street and Number)* 71 Columbia St
5. *Full Name of Mother* Maria Landauer
6. *Mother's Maiden Name* Mary Tonge
7. *Mother's Birthplace* Washington City
8. *Full Name of Father* Jules Landauer
9. *Father's Occupation* Dry Goods Merchant
10. *Father's Birthplace* France

Name of Medical Attendant, or other Person who makes this Return. George G. Brewer M D

Address 258 W. Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3247

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 30th
4. Place of Birth (Street and Number)	No 1 Wayson Alley
5. Full Name of Mother	Rachel Ann Swann
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Queens Annes County
8. Full Name of Father	Do not Know
9. Father's Occupation	" " "
10. Father's Birthplace	" " "
Name of Medical Attendant, or other Person who makes this Return.	Amelia Swann
Address	No 1 Waysons Alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 31st day of May
4. Place of Birth (Street and Number) 35 North Frederick Str.
5. Full Name of Mother Emily Deupert
6. Mother's Maiden Name Emily Thomas
7. Mother's Birthplace Anne Arundel County Md.
8. Full Name of Father Adam Deupert
9. Father's Occupation Gold leaf Manufacturer
10. Father's Birthplace Frankfort on the Main Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Barbara Reiss

Remarks Barbara Reiss Grabe No 40 W Frankfort

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
4
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12th
4. Place of Birth (Street and Number)	261 Pine St
5. Full Name of Mother	Mary Herbold
6. Mother's Maiden Name	M. E. Daly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Herbold
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Montgomery
Address	261 Pine St
Remarks	

ject Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 31st 1875.
4. Place of Birth (Street and Number)	157 Hughes St.
5. Full Name of Mother	Ellen Moon.
6. Mother's Maiden Name	Ellen Schaffer.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Thomas O. Moon.
9. Father's Occupation	Mariner.
10. Father's Birthplace	Virginia.
Name of Medical Attendant, or other Person who makes this Return.	Maria Potter.
Address	191 Hughes St.
Remarks	Live born.

3231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 31st 1875.
4. Place of Birth (Street and Number) 21 North Spring St.
5. Full Name of Mother Paulina Kraft.
6. Mother's Maiden Name Hugel
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Martin Kraft
9. Father's Occupation Tailor.
10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 North Bond St.

Remarks

Extract Regulations of the Board of Health, Relative to the Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

.9252

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 31st 1875

4. Place of Birth (Street and Number) No 208 Bare St 13.C.

5. Full Name of Mother Frances Parke Marberger

6. Mother's Maiden Name F. P. Roelkey

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Henry Marberger

9. Father's Occupation Merchant Tailor

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Womble M.D.

Address No 203 W. Lombard St. B. City

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

92.33

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Mulatto of African

3. Date of Birth May 31st 1875

4. Place of Birth (Street and Number) No 12 Chapel

5. Full Name of Mother Sarah Jones

6. Mother's Maiden Name " Davis

7. Mother's Birthplace Baltimore

8. Full Name of Father John Jones

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Jas. W. Annis

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

32254

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7th	9th
1. *Sex (state whether Male or Female)*	Male	Male
2. *Race or Color (if not of the white race)*		White
3. *Date of Birth*	May 31st	May 31st 1875
4. *Place of Birth (Street and Number)*	407 Calhoun	407. N. Calhoun
5. *Full Name of Mother*	Margaretta Lockwood	Margaretta Lockwood
6. *Mother's Maiden Name*	Margaretta Bailey	Margaretta Bailey
7. *Mother's Birthplace*	Baltimore	Baltimore
8. *Full Name of Father*	William Francis	William Francis Lockwood
9. *Father's Occupation*	Merchandise Broker	Merchandise Broker
10. *Father's Birthplace*	Virginia	Virginia
Name of Medical Attendant, or other Person who makes this Return.		Dr John T. King
Address	No 402 N Calhoun St	
Remarks	Child Healthy	

3255

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether Male or Female)	Female.
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	May 31. 1875.
4. *Place of Birth* (Street and Number)	15 S. Chester St.
5. *Full Name of Mother*	Mary E. Stiebeck.
6. *Mother's Maiden Name*	Mary E. Bartlett.
7. *Mother's Birthplace*	Philadelphia.
8. *Full Name of Father*	Peter Stiebeck.
9. *Father's Occupation*	Ship Carpenter.
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Duration of Labor 5 hours.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~May~~ 31 1875

1. Sex (state whether Male or Female) ~~White~~ Boy
2. Race or Color (if not of the white race) White
3. Date of Birth May 31
4. Place of Birth (Street and Number) Eestern Avanue Hilmer
5. Full Name of Mother Margeret Bautner.
6. Mother's Maiden Name " Rau
7. Mother's Birthplace Zecsdor Byern
8. Full Name of Father Fred Baudner
9. Father's Occupation Butcher
10. Father's Birthplace Zecsdor Byern

Name of Medical Attendant, or other Person who makes this Return. Anna Maria Golle

Address 3 Avanue

Remarks Heath

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3257

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUNE 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 6th 1875
4. Place of Birth (Street and Number)	427 N. Calhoun St
5. Full Name of Mother	Elizabeth Price
6. Mother's Maiden Name	Elizabeth McDaniels
7. Mother's Birthplace	Baltimore
8. Full Name of Father	W. S. Price
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. Millenburger
Address	121 W. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3238

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 12th, 1875
4. Place of Birth (Street and Number) No. 123 N. Bethel St.
5. Full Name of Mother Mrs. Mary Theresa Hudgins
6. Mother's Maiden Name Mary T. Collins
7. Mother's Birthplace Staten Island, New York
8. Full Name of Father Mr. Collis Hudgins
9. Father's Occupation Lamplighter
10. Father's Birthplace Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Clendinen

Address No 93 North Broadway

Remarks Very delicate child

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3259

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	~~White~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 15th 1875
4. Place of Birth (Street and Number)	9/0 Division St.
5. Full Name of Mother	Mary Snyder
6. Mother's Maiden Name	Mary Bozkard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Benj^a B. Snyder Jr.
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. W. Hillenbeyer
Address	121 W. Monument St.
Remarks	

3260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 13th 1875.

4. Place of Birth (Street and Number) 445 W Baltimore St.

5. Full Name of Mother Dora Blome

6. Mother's Maiden Name Dora Sander

7. Mother's Birthplace Bremen

8. Full Name of Father George Blome

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. G. W. Mitchell M.D.

Address 121 W. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st living child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 23rd 1875
4. Place of Birth (Street and Number) 151 John st.
5. Full Name of Mother Margaret S Lake
6. Mother's Maiden Name Margaret S. Kromer
7. Mother's Birthplace Philadelphia
8. Full Name of Father James Lake
9. Father's Occupation Merchant
10. Father's Birthplace Delaware

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address 121 W. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3262

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23 rd 1875.
4. Place of Birth (Street and Number)	187 Wolfe St.
5. Full Name of Mother	Mary Louisa La Porte
6. Mother's Maiden Name	Mary L. Meeke
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry La Porte Jr.
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. W. Middendorf
Address	121 W. Lexington St.
Remarks	Premature at eight months, from over-exertion - Child still-born

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 24th 1875.
4. Place of Birth (Street and Number) 343 Linden Av.
5. Full Name of Mother Sarah Shipley
6. Mother's Maiden Name Sarah Levine
7. Mother's Birthplace Baltimore
8. Full Name of Father E. A. Shipley
9. Father's Occupation Merchant
10. Father's Birthplace Howard Co. Maryland,

Name of Medical Attendant, or other Person who makes this Return. E. W. Mittenberger

Address 121 W. Monument St

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3264

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 25th 1875
4. Place of Birth (Street and Number) 21 Disquith St,
5. Full Name of Mother Eleanor Potts ~~Pearl~~, Beck
6. Mother's Maiden Name E. P. Penty
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Beck
9. Father's Occupation Accountant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Mitterberger

Address 121 W. Monument St

Remarks

Extract Regulations of the Board of Health of the Mayor and Commissioners of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 4 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st & 2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30th 1875
4. Place of Birth (Street and Number)	Baltimore Ramsey st. 184 do
5. Full Name of Mother	Mary Banka
6. Mother's Maiden Name	Mary Sandloe
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Banka
9. Father's Occupation	Huxster
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No 5 & 8 Parkin st
Remarks	

Extract Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3766

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 27
4. Place of Birth (Street and Number)	Sandtown au No 121
5. Full Name of Mother	Katharina Saffran
6. Mother's Maiden Name	Reeb
7. Mother's Birthplace	Bayern
8. Full Name of Father	George Saffran
9. Father's Occupation	Winter Baker
10. Father's Birthplace	Bayern
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anna Dunder
Remarks	604 Charles St

RETURN OF A BIRTH.

3267

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 of May.
4. *Place of Birth (Street and Number)* 426 West Fayette Str.
5. *Full Name of Mother* Elisabetha Brühl
6. *Mother's Maiden Name* Elisabetha Zachmann.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Brühl
9. *Father's Occupation* Baker
10. *Father's Birthplace* Biedenkopf. Kreis Biedenkopf Regierungs-Bezirk Wiesbaden. Preussen.

Name of Medical Attendant, or other Person who makes this Return. Mrs" Anna Dunlap

Address No 60 North Schroder

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth ~~June~~ May 30th '75
4. Place of Birth (Street and Number) 221 Lanvale St.
5. Full Name of Mother Emma Jane Meakin
6. Mother's Maiden Name Emma Jane McConnell
7. Mother's Birthplace Maryland
8. Full Name of Father Wm S. Meakin
9. Father's Occupation Painter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller MD

Address 89 N. Greene St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3269

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 17. '75

4. Place of Birth (Street and Number) 118 Harlem av.

5. Full Name of Mother Fanny Smith

6. Mother's Maiden Name " Green

7. Mother's Birthplace Annapolis

8. Full Name of Father H. Tillard Smith

9. Father's Occupation Lawyer

10. Father's Birthplace Ann Arundel Co. ?

Name of Medical Attendant, or other Person who makes this Return. H. L. Walton

Address 521 Lexington St.

Remarks

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3270

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d. I think
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23- 1875
4. Place of Birth (Street and Number)	86 Carrolton Av.
5. Full Name of Mother	Mrs Ogle
6. Mother's Maiden Name	
7. Mother's Birthplace	
8. Full Name of Father	Mr Ogle
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	W. L. Stalton
Address	In absence of their Dr.) 857 Lexington St.
Remarks	I severed the cord & delivered the Placenta - When the case was demanded of Dr. Van Bibber - perhaps he may know or can give their full names &c.

RETURN OF A BIRTH.

3211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 28th 1875.
4. Place of Birth (Street and Number)	195 N. Bond St.
5. Full Name of Mother	Amanda J. Harris
6. Mother's Maiden Name	Amanda J. Mark,
7. Mother's Birthplace	Maryland,
8. Full Name of Father	Charles W. Harris,
9. Father's Occupation	Carpenter,
10. Father's Birthplace	Maryland,
Name of Medical Attendant, or other Person who makes this Return.	S. N. Hench M.D.
Address	95 E. Baltimore St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 28 – 75
4. Place of Birth (Street and Number)	592 Broadway
5. Full Name of Mother	
6. Mother's Maiden Name	
7. Mother's Birthplace	
8. Full Name of Father	Comb–
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Dr J L Kalorg
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3273

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29th 1875
4. Place of Birth (Street and Number)	Hartford Avenue no number
5. Full Name of Mother	Anne Lauer
6. Mother's Maiden Name	Anne Fresch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mr. Lauer
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Henry Hillegeist
Address	No 182 East monument Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3274

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2des Child

1. Sex (state whether Male or [redacted])
2. Race or Color (if not of the white race) White
3. Date of Birth Mai 31th 1875.
4. Place of Birth (Street and Number) Eastern Ave No. 63
5. Full Name of Mother Lizzie Watson.
6. Mother's Maiden Name Lizzie Linz
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Watson
9. Father's Occupation Gas Fitter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St, No 26,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3275

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Mal
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 31.
4. *Place of Birth (Street and Number)* South Bond Street No 192.
5. *Full Name of Mother* Dorothea Wintestein
6. *Mother's Maiden Name* Dorothea Bauer
7. *Mother's Birthplace* Marburg (Hessen Cassel)
8. *Full Name of Father* Charles Wintestein.
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Marburg (Hessen Cassel)

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No. 208 South Bond str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3276

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* May 31 st 1875.
4. *Place of Birth* (Street and Number) 353 Light Street.
5. *Full Name of Mother* Emma Ellis Weiller
6. *Mother's Maiden Name* Emma Ellis
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John D Weiller
9. *Father's Occupation* Labor
10. *Father's Birthplace* Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Dorothea Braune.

Address 114 Battery Av.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3277

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 31st 1875
4. Place of Birth (Street and Number) 119 Stirling St Baltimore Md
5. Full Name of Mother Matilda Bedford
6. Mother's Maiden Name Matilda Mason
7. Mother's Birthplace St Marys Co Md
8. Full Name of Father Louis Bedford
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Sophie Hines

Address No 135 Chestnut St Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3278

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 11th 1875
4. Place of Birth (Street and Number) 181 Dolphin Street
5. Full Name of Mother Elizabeth Emily Estep
6. Mother's Maiden Name " " Wiley
7. Mother's Birthplace Hagerstown Md
8. Full Name of Father John Caleb Estep
9. Father's Occupation
10. Father's Birthplace St Mays co md

Name of Medical Attendant, or other Person who makes this Return. G F Adams

Address 215 Druid Hill Ave

Remarks After this confinement I was attacked with Pneumonia hence the delay in making this report

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3279

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	Black
3. Date of Birth	May 25th 1875
4. Place of Birth (Street and Number)	Hoffman St. No. 164
5. Full Name of Mother	Rosa Jackson
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mary Mitchell
Address	No. 164 N Hoffman St
Remarks	

RETURN OF A BIRTH.

9280

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 13th 1875
4. *Place of Birth (Street and Number)* #204 E John St
5. *Full Name of Mother* Martha Evaline Marshall
6. *Mother's Maiden Name* " " Mann
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Thomas Watton Marshall
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address #305 N Caroline St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 17th 1875
4. *Place of Birth* (Street and Number) #322 N Bond St
5. *Full Name of Mother* Mary Elizabeth Grace
6. *Mother's Maiden Name* " " Ellinhead
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles H. Grace
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Easton Talbot Co Md

Name of Medical Attendant, or other Person who makes this Return. A Hartman MD

Address 305 N Caroline St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 19th 1875

4. Place of Birth (Street and Number) 21 Patterson Pk. Ave near E Balto N

5. Full Name of Mother Martha Swift

6. Mother's Maiden Name Porter

7. Mother's Birthplace Maryland

8. Full Name of Father Louis W Swift

9. Father's Occupation Merchant

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J Harvey Still M.D.

Address 90 Hanover N

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3283

RETURN OF A BIRTH.

HEALTH DEPARTMENT JAN 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 22nd 1875
4. *Place of Birth* (Street and Number) #324 N Caroline St
5. *Full Name of Mother* Mary Elizabeth Gladman
6. *Mother's Maiden Name* " " Flenner
7. *Mother's Birthplace* Washington City D.C.
8. *Full Name of Father* Theophilus N. Gladman
9. *Father's Occupation* U.S. Gauger
10. *Father's Birthplace* Washington City D.C.

Name of Medical Attendant, or other Person who makes this Return. A. Hayman M.D.

Address # 305 N Caroline St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3284

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 22 1875
4. Place of Birth (Street and Number) 427 Hamburg st
5. Full Name of Mother Annie Frey
6. Mother's Maiden Name " Mortimer or Pardoe
7. Mother's Birthplace Maryland
8. Full Name of Father Gottlieb Frey
9. Father's Occupation Express Agent
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill Mtr

Address 90 Hanover st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 23rd 1875
4. Place of Birth (Street and Number) #319 N Bond St
5. Full Name of Mother Mary Jane Shaner
6. Mother's Maiden Name " " Coon
7. Mother's Birthplace Baltimore City
8. Full Name of Father Theodore Shaner
9. Father's Occupation Chairmaker
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. A Hartman M.D.

Address #305 N Caroline St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born ita or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3286 3286

HEALTH DEPARTMENT JUN 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 25th 1875
4. *Place of Birth* (Street and Number) #253 N. Central Avenue
5. *Full Name of Mother* Sarah Jane Furgeson
6. *Mother's Maiden Name* " " Brown
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* James R. H. Furgeson
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. H. H. Artman M.D.

Address #305 N. Caroline St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 23rd 1875
4. *Place of Birth (Street and Number)* #32 N Caroline St
5. *Full Name of Mother* Susan Senora Leach
6. *Mother's Maiden Name* Susan Senora Stevens
7. *Mother's Birthplace* Kent Co Md
8. *Full Name of Father* George Thomas Leach
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Balt. city

Name of Medical Attendant, or other Person who makes this Return. A. Hartman MD

Address #305 N Caroline St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 23
4. *Place of Birth (Street and Number)* Hartford Road Baltimore City
5. *Full Name of Mother* Anna
6. *Mother's Maiden Name* Geis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* ~~Albert~~ Schmid
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dorothea [redacted] Pfaff

Address [redacted] Somerset Street

Remarks No. 79

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3289

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 25 of May
4. Place of Birth (Street and Number) Corner [illegible] & Gay Street
5. Full Name of Mother Walburga
6. Mother's Maiden Name Toth
7. Mother's Birthplace Province of Hessen Prussia
8. Full Name of Father Michael Stul
9. Father's Occupation Shoemaker
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Dorothea Flora Midwife

Address

Remarks No. 99 Somerset Street

3290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 01 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 30 May
4. *Place of Birth* (Street and Number) Dallah Street 242
5. *Full Name of Mother* Anna Bisicka
6. *Mother's Maiden Name* Anna Bisicka
7. *Mother's Birthplace* Jatau in Bohemia
8. *Full Name of Father* John Bisicky
9. *Father's Occupation* laborer
10. *Father's Birthplace* Selchan in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 31st 1875
4. Place of Birth (Street and Number)	~~309~~ 319 Bank St.
5. Full Name of Mother	Virginia A. Toms
6. Mother's Maiden Name	Small
7. Mother's Birthplace	North Carolina
8. Full Name of Father	Nathan Toms
9 Father's Occupation	Clerk
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	E. P. Toms M.D.
Address	406 E. Balto. St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2[illegible] of May 1875.
4. Place of Birth (Street and Number) No 1 Ogden St.
5. Full Name of Mother Annie Hommel
6. Mother's Maiden Name Annie Arndt
7. Mother's Birthplace Germany
8. Full Name of Father D. George Hommel
9. Father's Occupation Baker
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Magdalene Sommerfeld.

Address 28 Pearl St.

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 30
4. Place of Birth (Street and Number) 132 Weststreet
5. Full Name of Mother Caroline Spraener
6. Mother's Maiden Name " Grimmert
7. Mother's Birthplace Luebbecke Prussia
8. Full Name of Father Frederick William Spraener
9. Father's Occupation Shoemaker
10. Father's Birthplace Münster Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. M. Heany.

Remarks No. 12. Liatenhall Street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1 - 32-94

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) Col

Date of Birth 31st May

Place of Birth (Street and Number) 34 Chestnut Aly

Full Name of Mother Hannah Ann Hicks

Mother's Maiden Name " " Bantum

Mother's Birthplace Balt^e Md

Full Name of Father Jarrett Henry Hicks

Father's Occupation Hotel Servt.

Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm Antrim Md

Address 192 Pearl St

Remarks

3293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

~~1. Sex (state whether Male or Female)~~

2. Race or Color (if not of the white race)

3. Date of Birth 24th May 75 - 16 ~~Warren Avenue~~

4. Place of Birth (Street and Number) 16 Warren Avenue

5. Full Name of Mother Alice D. North

6. Mother's Maiden Name Alice D. Fowler.

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John S. North

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Dodge MD

Address 201 Hanover St

Remarks —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Female gew

2. Race or Color (if not of the white race) white

3. Date of Birth May 31th

4. Place of Birth (Street and Number) Gay St No 54

5. Full Name of Mother Hanna Fold

6. Mother's Maiden Name Hanna Oppenhomer

7. Mother's Birthplace Dormstown

8. Full Name of Father Isic Field

9 Father's Occupation Cigar Business

10. Father's Birthplace Dormstown

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address No 48 Holland St Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3297

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	8d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May the 5th 1875
4. *Place of Birth (Street and Number)*	294 Cross Street
5. *Full Name of Mother*	Julie Kraft
6. *Mother's Maiden Name*	" " Heuck
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Kraft
9. *Father's Occupation*	Smith
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Münch
Address	74 Laden Hall Street
Remarks	

3298

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	8th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May the 8th 1875
4. *Place of Birth* (Street and Number)	375 Cross Street
5. *Full Name of Mother*	Susanne Schminke
6. *Mother's Maiden Name*	" " " Orth
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Heinrich Schminke
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Münch
Address	74 Ladenhall Street
Remarks	

3299

RETURN OF A BIRTH.

To the Office of R[illegible]ar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May the 10th 1875
4. Place of Birth (Street and Number) 373 William Street
5. Full Name of Mother Caroline Hartlove
6. Mother's Maiden Name " " " Baily
7. Mother's Birthplace Germany
8. Full Name of Father John Hartlove
9. Father's Occupation Brickmacker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chatherine Münch

Address 74 Ladenhall Street

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
1894
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 22 1894
4. Place of Birth (Street and Number)	Baltimore W Biddle Sted
5. Full Name of Mother	Jane Warfield
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Warfield
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chester A Bordley
Address	85 orchard Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 4th 2H 1875
4. Place of Birth (Street and Number)	Baltimore 136 Jerman Street
5. Full Name of Mother	Jane Baily
6. Mother's Maiden Name	gone Charity
7. Mother's Birthplace	
8. Full Name of Father	Mondorey Bailey
9. Father's Occupation	porter
10. Father's Birthplace	Severn County
Name of Medical Attendant, or other Person who makes this Return.	Hester Bradley
Address	8t orehord Street
Remarks	

3302

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 28th 1875
4. Place of Birth (Street and Number)	73 Pine Street
5. Full Name of Mother	Margarethe Kirschner
6. Mother's Maiden Name	Mar. Grasshopf
7. Mother's Birthplace	Germany
8. Full Name of Father	Ludwig Kirshner
9. Father's Occupation	Plumber
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	36 Pearl Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	May 4th 28 1875
4. *Place of Birth* (Street and Number)	Baltimore Jones Alley 76
5. *Full Name of Mother*	Corilla Sidey
6. *Mother's Maiden Name*	Carilla Stillman
7. *Mother's Birthplace*	Caroline County
8. *Full Name of Father*	George A Sides
9. *Father's Occupation*	Coachman
10. *Father's Birthplace*	Westminster
Name of Medical Attendant, or other Person who makes this Return.	Hester Ann Bordly
Address	85 Orchard Street
Remarks	

RETURN OF A BIRTH.

33024

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May th 30 1845
4. Place of Birth (Street and Number) Baltimo 110 prince Street
5. Full Name of Mother Henrietta West
6. Mother's Maiden Name Henrietty Bias
7. Mother's Birthplace Baltimore
8. Full Name of Father Joshua West
9. Father's Occupation ~~Baltimore~~ Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester A Bardly

Address 85 Orchard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
11
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* March 30 1875
4. *Place of Birth* (Street and Number) Baltimore 20 Gordon alley Bet Fayette & Lexington
5. *Full Name of Mother* Marie Williams
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Annapolis Md
8. *Full Name of Father* Isaac Williams
9. *Father's Occupation* porter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Bardley

Address 85 orchard Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3306

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* May 7th
4. *Place of Birth* (Street and Number) Marion Street No 36
5. *Full Name of Mother* Lisette Kreymborg
6. *Mother's Maiden Name* Kathmann
7. *Mother's Birthplace* Oldenburg. Germany
8. *Full Name of Father* Bernhard Kreymborg
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhard

Address 224 W. Fayette Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 11th
4. *Place of Birth (Street and Number)* 87 Fremont Street
5. *Full Name of Mother* Sophia Hoffmann
6. *Mother's Maiden Name* Trenett
7. *Mother's Birthplace* Markwilhamsdorf, Bavaria
8. *Full Name of Father* Andreas Hoffmann
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Underfarrenbach, Bavaria

Name of Medical Attendant, or other Person who makes this Return. Dr. F. Reinhard

Address 224 W. Fayette Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3308

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth May 26th
4. Place of Birth (Street and Number) Carlton Street No. 6
5. Full Name of Mother Mary Anne Shaw
6. Mother's Maiden Name Canton
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Henry Shaw
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. L. F. Reinhart

Address 224 W. Fayette Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth May 27th
4. Place of Birth (Street and Number) N. E. Corner of Paca & ~~Green~~ Pratt
5. Full Name of Mother Lina Luebkert
6. Mother's Maiden Name Böhme
7. Mother's Birthplace Preitendorf. Saxony
8. Full Name of Father Julius Luebkert
9. Father's Occupation Journalist.
10. Father's Birthplace Altona. Slewig - Holstein. Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr F. Preinhard

Address 224 West Fayette Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 12 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Wite
3. *Date of Birth* May 31 th
4. *Place of Birth* (Street and Number) Lemon Court
5. *Full Name of Mother* Marget O'Kirington
6. *Mother's Maiden Name* Margit Alvis
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* David O'Kirington
9. *Father's Occupation* Laborer
10. *Father's Birthplace* irland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Sinclair

Address No 29 Monte St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3311

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth May 22
4. Place of Birth (Street and Number) No 396 Sheptank St
5. Full Name of Mother Elise Pretter
6. Mother's Maiden Name Elise Brachmann
7. Mother's Birthplace Germany
8. Full Name of Father William Pretter
9. Father's Occupation Wagon-Maker
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Regina Heilage

Address No. 189 S. Pine St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3312

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	14
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 23
4. Place of Birth (Street and Number)	No 36 Lancaster St
5. Full Name of Mother	Louise Helch
6. Mother's Maiden Name	Louise Ellwag
7. Mother's Birthplace	Prussia
8. Full Name of Father	Carl H Helch
9. Father's Occupation	Tuber
10. Father's Birthplace	Nassenburg
Name of Medical Attendant, or other Person who makes this Return.	Virginia Heilage
Address	No 259 S Paca St
Remarks	

3313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth May 23
4. Place of Birth (Street and Number) 302 S Bond St
5. Full Name of Mother Josefine Kochner
6. Mother's Maiden Name Josefine Woztych
7. Mother's Birthplace Wongrawiez
8. Full Name of Father August Kochner
9. Father's Occupation Labor
10. Father's Birthplace Posen

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

over)

93114

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN
1873
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Catherine (or Katie) — Botzler

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 27.
4. *Place of Birth (Street and Number)* No 37 Park St
5. *Full Name of Mother* Elisabetha Botzler
6. *Mother's Maiden Name* Elisabetha Pabst
7. *Mother's Birthplace* Hesse Darmstadt
8. *Full Name of Father* John Botzler
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Virginia Heritage

Address No 289 S. Front St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3313

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 30
4. *Place of Birth (Street and Number)* 271 S Dallas St
5. *Full Name of Mother* Barbe Kaufmann
6. *Mother's Maiden Name* Barba Kraft
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jakob Kaufmann
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Virginia Heilage

Address No 259 S Dallas St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3316

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 4th 1875
4. *Place of Birth* (Street and Number) Herrstedt.
5. *Full Name of Mother* Magdalena Fekle
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Eckhardt
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address No 112 Monument St.

Remarks

3217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	"
3. Date of Birth	21st " May 1875
4. Place of Birth (Street and Number)	20 Chappel Str.
5. Full Name of Mother	Mary Stock
6. Mother's Maiden Name	" Hoatz
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Lawrence Stock
9. Father's Occupation	Labored.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard str.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 D
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6
4. Place of Birth (Street and Number)	No 23 Little Gough st
5. Full Name of Mother	Kate Ruff
6. Mother's Maiden Name	Kate Fitz
7. Mother's Birthplace	Marburg
8. Full Name of Father	John Ruff
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Siemon
Address	No 70 Granby st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3319

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 7th 75.
4. Place of Birth (Street and Number)	Balto Front St. # 167.
5. Full Name of Mother	Sarah E. Baily.
6. Mother's Maiden Name	Sarah E. Smith.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Fredrick A. Baily
9. Father's Occupation	Day Laborer.
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J. T. Winders, M.D.
Address	# 134 North Exeter St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 children

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13th of May 1875
4. Place of Birth (Street and Number) 375 East Orleans st
5. Full Name of Mother Mary Gern
6. Mother's Maiden Name Mary Hoffman
7. Mother's Birthplace Baltimore
8. Full Name of Father Lilly Hoffman
9. Father's Occupation F Gaillor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crasentia Kunkel

Address 11 North Chappel per Ins Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male Child
2. Race or Color (if not of the white race) White
3. Date of Birth 19 of May
4. Place of Birth (Street and Number) Locust Point Hubert St
5. Full Name of Mother Kate M Delaney
6. Mother's Maiden Name Kate M Stokes
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Thomas Delaney
9. Father's Occupation spinner by trade
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettle

Address this makes the third Child

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	23rd of May
4. *Place of Birth* (Street and Number)	Locust Point, Cotsie St.
5. *Full Name of Mother*	Mrs. Micheal McDonnal
6. *Mother's Maiden Name*	Mary Hart
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Mr. Micheal McDonnal
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Eattle
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th of may
4. Place of Birth (Street and Number)	locust point 104 Cookes st
5. Full Name of Mother	mary ~~of~~ ellen ~~Ferguson~~ Jackson
6. Mother's Maiden Name	Mary ellen Furgason
7. Mother's Birthplace	in richmond Virginia
8. Full Name of Father	Zachariah Jackson
9. Father's Occupation	labor man
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Little
Address	this makes the 8th child
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3324

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 11th 1875
4. *Place of Birth (Street and Number)* N 165 Dolphin St
5. *Full Name of Mother* Alice A. Hodges
6. *Mother's Maiden Name* Alice A Lemmon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George W. Hodges
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Anne Arundel Co Maryland

Name of Medical Attendant, or other Person who makes this Return. F. E Chatard

Address N 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3325

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 14 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 14th 1875
4. *Place of Birth* (Street and Number) N 79 St. Charles St
5. *Full Name of Mother* Mary Jane Wamsley
6. *Mother's Maiden Name* Mary Jane McBride
7. *Mother's Birthplace* Belfast Ireland
8. *Full Name of Father* John L. Wamsley
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address N 116 Park Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3326

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 14th 1875
4. *Place of Birth* (Street and Number) N 148 N. Howard St
5. *Full Name of Mother* Henriette Giraud Genete
6. *Mother's Maiden Name* Henriette Giraud
7. *Mother's Birthplace* Gueret. Department of Creuse France
8. *Full Name of Father* Leonard Genete
9. *Father's Occupation* Cabinet-Maker
10. *Father's Birthplace* Jullac Department of Correze France

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address N 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3827

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 16 Of May
4. Place of Birth (Street and Number) Willmore Ally House unnumbered
5. Full Name of Mother Priscilla Green
6. Mother's Maiden Name Whaley
7. Mother's Birthplace Canada
8. Full Name of Father John H Green
9. Father's Occupation Wagoner
10. Father's Birthplace Charles County

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9328

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	11 d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May the 19th 1875
4. *Place of Birth (Street and Number)*	No 50 Durham St.
5. *Full Name of Mother*	Mary E Fritsch
6. *Mother's Maiden Name*	" " Sommer
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Francis Fritsch
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Maria A Lederer
Address	23 Durham Street
Remarks	

RETURN OF A BIRTH.

3329

HEALTH DEPARTMENT JAN 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	White
Date of Birth	May 22nd
Place of Birth (Street and Number)	No 205 Montgomery St
Full Name of Mother	Virginia Price
Mother's Maiden Name	Madison
Mother's Birthplace	Virginia
Full Name of Father	Wm H Price
Father's Occupation	Carpenter
Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	J C Buck M D
Address	141 Hanover St
Remarks	

3339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May Twenty third.
4. Place of Birth (Street and Number)	925 West Pratt Street.
5. Full Name of Mother	Elizebeth M. Eslinger.
6. Mother's Maiden Name	Elizebeth M. Otts.
7. Mother's Birthplace	German
8. Full Name of Father	Jessie Eslinger
9. Father's Occupation	Brick moulder
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	M. J. Leman.
Address	West Mc Henry St. No. 380
Remarks	Well healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) ~~Colored~~ Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 23 May
4. Place of Birth (Street and Number) Stockdon Alley
5. Full Name of Mother Fannie Butler
6. Mother's Maiden Name Fannie Mathews
7. Mother's Birthplace Montgomery Co MD
8. Full Name of Father Philopp Butler
9. Father's Occupation Sailor
10. Father's Birthplace Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. Milly Blake

Address

Remarks 210 Raborg St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	White
Date of Birth	May 24th
Place of Birth (Street and Number)	No 90 Hanover St
Full Name of Mother	Philomena Mitchell
Mother's Maiden Name	Miranda
Mother's Birthplace	St Augustine - Florida
Full Name of Father	Joseph H. Mitchell
Father's Occupation	Engineer
Father's Birthplace	Dorchester County Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M D
Address	141 Hanover St
Remarks	

3333

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* May 26th 1875
4. *Place of Birth* (Street and Number) 125 Conway St
5. *Full Name of Mother* Georgiana Lloyd
6. *Mother's Maiden Name* " Carter
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John A. Lloyd
9. *Father's Occupation* Dairyman
10. *Father's Birthplace* British America

Name of Medical Attendant, or other Person who makes this Return. [redacted]

Address

Remarks. No Medical Attendant & Birth reported by John A Lloyd – the Father

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

33314

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* May 26th 1875
4. *Place of Birth* (Street and Number) 250 E. Lombard
5. *Full Name of Mother* Mary Katherina Wehner
6. *Mother's Maiden Name* " " Fink
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ignatius Wehner
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschard

Address 27 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) seventh

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth May 29th 1875
4. Place of Birth (Street and Number) 127 Albermale
5. Full Name of Mother Mary Duffy
6. Mother's Maiden Name " O'Brien
7. Mother's Birthplace Ireland
8. Full Name of Father William Duffy
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmz

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3336

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eighth

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth May 29th 1875

4. Place of Birth (Street and Number) 127 Hibernia

5. Full Name of Mother Mary Duffy

6. Mother's Maiden Name " O'Brien

7. Mother's Birthplace Ireland

8. Full Name of Father William Duffy

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmid

Address 27. N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) white

Date of Birth 16 of Jany

Place of Birth (Street and Number) Central Avenue near Eager St.

Full Name of Mother Katprina

6. Mother's Maiden Name Linnkamper

7. Mother's Birthplace Germany

8. Full Name of Father Gerhart Kirchner

9. Father's Occupation Tanner

10. Father's Birthplace Prinz Georg County M. D. U. H.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Pfarr Midwife

Address

Remarks N. W. Somerset St.

Further Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~2nd~~ 10th
1. Sex (state whether Male or Female)	~~White~~ Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 24th 1875.
4. Place of Birth (Street and Number)	420. Sharles St.
5. Full Name of Mother	G. Easter.
6. Mother's Maiden Name	G. Turner.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	P. E. Easter.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Katherine Horner.
Address	29. Elizabeth Lan.
Remarks	

3339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 6th February
4. Place of Birth (Street and Number) 132 Sarasoya St
5. Full Name of Mother Caroline Schmoll
6. Mother's Maiden Name Fikeisen
7. Mother's Birthplace Mainz. Prussia
8. Full Name of Father Frederik Schmoll
9. Father's Occupation Music - teacher
10. Father's Birthplace Cassel. Hassia

Name of Medical Attendant, or other Person who makes this Return. H F Reinhard

Address 224 W Fayette Street.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3340

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Febuary 10th
4. *Place of Birth (Street and Number)* W Lombard Street 629
5. *Full Name of Mother* Emilie Emeftine Guthrie
6. *Mother's Maiden Name* Engehausen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Otto Guthrie
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Prufsia

Name of Medical Attendant, or other Person who makes this Return. H I Reinhard

Address 224 West Fayette Street

Remarks

33111

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 12th
4. *Place of Birth (Street and Number)* Lexington Str 110
5. *Full Name of Mother* Julie Hilgert
6. *Mother's Maiden Name* Esche
7. *Mother's Birthplace* Osnabrück Germany
8. *Full Name of Father* Henry Hilgert
9. *Father's Occupation* Attorney at law
10. *Father's Birthplace* Elberfeld

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhardt

Address 224 West Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	male.
2. *Race or Color (if not of the white race)*	white.
3. *Date of Birth*	February 18th 1875.
4. *Place of Birth (Street and Number)*	No. 4. Macabs court.
5. *Full Name of Mother*	R. Wasserman.
6. *Mother's Maiden Name*	R. Vogt.
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	L. Wasserman.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Katherine Horner.
Address	29. Elizabeth San.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3343

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) [illegible]

2. Race or Color (if not of the white race) [illegible]

3. Date of Birth [illegible]

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace [illegible]

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

Extract Regulations of the Board of Health to accompany the Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 24th 1875
4. *Place of Birth (Street and Number)* 117 West St
5. *Full Name of Mother* K. Crines
6. *Mother's Maiden Name* K. Chara
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* M. Crines
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Katherine Horner.

Address 29 Elizabeth Lane.

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

93145

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th March
4. *Place of Birth (Street and Number)* 44 Barnes Alley
5. *Full Name of Mother* Marie Marowick
6. *Mother's Maiden Name* M. Turak
7. *Mother's Birthplace* Pilsen
8. *Full Name of Father* Wenzel Marowick
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Austria

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 20 Barnes Alley

Remarks

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3346

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex* (state whether Male or Female) Feimal

2. *Race or Color* (if not of the white race) White.

3. *Date of Birth* 30th March 1 P. M.

4. *Place of Birth* (Street and Number) 26 North Sts.

5. *Full Name of Mother* Wichowie König

6. *Mother's Maiden Name* W. Kreciger.

7. *Mother's Birthplace* Bremerie

8. *Full Name of Father* August König

9. *Father's Occupation* Butcher.

10. *Father's Birthplace* Balto.

* *Name of Medical Attendant,* or other Person who makes this Return. Josefine Conrad

Address No 20 Barnet Sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Boie
2. Race or Color (if not of the white race) Whiet
3. Date of Birth 11th March
4. Place of Birth (Street and Number) 236 Dallas Str
5. Full Name of Mother Marie Schtrel
6. Mother's Maiden Name M. Schäffer
7. Mother's Birthplace Hessen Germanic
8. Full Name of Father Geo. Schtrel
9. Father's Occupation Taillor
10. Father's Birthplace Hessen

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnet Str. Balti.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

.3318

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* March 12 Th
4. *Place of Birth* (Street and Number) W Fayette Street 241
5. *Full Name of Mother* Sarah Elizabeth Tarbox
6. *Mother's Maiden Name* Wescoat
7. *Mother's Birthplace* Accomac County — Virginia
8. *Full Name of Father* John William Tarbox
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhard

Address 224 West Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3349.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* male.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 13th 1875.
4. *Place of Birth (Street and Number)* Fort St. No number.
5. *Full Name of Mother* C. Kern.
6. *Mother's Maiden Name* C. Lamm.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* C. Kern.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katherine Horner.

Address 29. Elizabeth Lane.

Remarks

RETURN OF A BIRTH.

9350
9351

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* twins male and a female.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 18th 1875.
4. *Place of Birth (Street and Number)* 383 Charles St.
5. *Full Name of Mother* S. Blackburns.
6. *Mother's Maiden Name* S. Bevely.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* S Blackburns.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katherine Horner.

Address 29. Elezabeth Lane.

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth

1. Sex (state whether Male or Female) Boie
2. Race or Color (if not of the white race) White
3. Date of Birth 20th March
4. Place of Birth (Street and Number) 18 Anthonie Str.
5. Full Name of Mother Barbora Sckoch
6. Mother's Maiden Name B. Sckoch
7. Mother's Birthplace Predvorie Bohemia
8. Full Name of Father Jan Sckoch
9. Father's Occupation Schoemacker
10. Father's Birthplace Predvorie Bohemia.

Name of Medical Attendant, or other Person who makes this Return. Josefiene Conrad

Address 20 Barnes Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) white.
3. Date of Birth Mearch 22d 1875.
4. Place of Birth (Street and Number) 32. Elizabeth Lan.
5. Full Name of Mother Jinie Coale
6. Mother's Maiden Name Jinie Weast.
7. Mother's Birthplace Baltimore
8. Full Name of Father Jim [redacted] Coale
9. Father's Occupation Hoohster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katherine Hosner.

Address 29. Elizabeth Lan.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3351

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 27 March

4. *Place of Birth (Street and Number)* 346 Lurcham Alley.

5. *Full Name of Mother* Annie Siebert.

6. *Mother's Maiden Name* A. Green

7. *Mother's Birthplace* Balto.

8. *Full Name of Father* Charles Siebert

9. *Father's Occupation* Cabinet maker

10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Geo. Wm. Conrad

Address No 20 Garrett Alley

Remarks

3353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother state whether 1st, 2d, 3d, &c.) forth

1. Sex (state whether Male or Female) Boie
2. Race or Color (if not of the white race) Whiete
3. Date of Birth 28 March
4. Place of Birth (Street and Number) 7 Somerset Str
5. Full Name of Mother Antonie Pluhar
6. Mother's Maiden Name A Nová
7. Mother's Birthplace Radnic
8. Full Name of Father Wenzel Pluhar
9. Father's Occupation Cabienet macker
10. Father's Birthplace Prostic

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No. 20 Barnet Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Boil
2. Race or Color (if not of the white race) White
3. Date of Birth 10th April
4. Place of Birth (Street and Number) 536 Gay Str.
5. Full Name of Mother Karoliene Harris
6. Mother's Maiden Name K. Wagner
7. Mother's Birthplace Jackson
8. Full Name of Father John Harris
9. Father's Occupation Segarmacker
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 20 Barnet Str.

Remarks

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3359

HEALTH DEPARTMENT MAY 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th April 1875
4. *Place of Birth (Street and Number)* 32 Asthenia Ter
5. *Full Name of Mother* Aloisia Straka
6. *Mother's Maiden Name* A. Hayn
7. *Mother's Birthplace* Bohan
8. *Full Name of Father* Alois Straka
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Wilie

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 20 Barnet St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether ~~still born~~ or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3358

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 3 1875
4. *Place of Birth* (Street and Number) 335 N. Broadway
5. *Full Name of Mother* Grace Cumming
6. *Mother's Maiden Name* " Wright
7. *Mother's Birthplace* Cincinnati
8. *Full Name of Father* James Cumming
9. *Father's Occupation* Photographer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Augustus F. Erich M.D

Address 94 S. Broadway

Remarks

3359

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* 6th April
4. *Place of Birth* (Street and Number) 20 Barnet Alley
5. *Full Name of Mother* Anna Schimick
6. *Mother's Maiden Name* A. Brake
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Wenzel Schimick
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hayek

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 20 Barnet Alley

Remarks

3860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 April
4. *Place of Birth (Street and Number)* 35 Barnet St.
5. *Full Name of Mother* Marie Baroch
6. *Mother's Maiden Name* M Hais
7. *Mother's Birthplace* Stapé Bohemia
8. *Full Name of Father* Anton Baroch
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Nebraska

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address 20 Bennet St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore; shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st —

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White —
3. Date of Birth 6 April 1875
4. Place of Birth (Street and Number) 30 Hughes St.
5. Full Name of Mother Cinthia Cartwright
6. Mother's Maiden Name " Wickwire
7. Mother's Birthplace Troy New York
8. Full Name of Father Harry Cartwright
9. Father's Occupation Chain Maker
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. A. W. Dodge MD

Address 201 Hanover St —

Remarks

Labor Complicated —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	April 7th 1875
4. Place of Birth (Street and Number)	Hasford Ave. 348
5. Full Name of Mother	Elizabeth, A. McGee
6. Mother's Maiden Name	Nace
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William McGee
9. Father's Occupation	Rope Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Susannah Sound
Address	Hasford Road
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3363

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 8th of April
4. *Place of Birth (Street and Number)* 211 Lemon Street
5. *Full Name of Mother* Louise Schroeder
6. *Mother's Maiden Name* Holz
7. *Mother's Birthplace* Weilguenheim
8. *Full Name of Father* Franz Anton Schroeder
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Hessia.

Name of Medical Attendant, or other Person who makes this Return. Dr J Reinhard

Address 224 N. Fayette Street

Remarks

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

33611

HEALTH DEPARTMENT MAY 5 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9th April
4. *Place of Birth (Street and Number)* 10 Pain Lane
5. *Full Name of Mother* Elisabeth Ketford
6. *Mother's Maiden Name* E Reidner
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John Bedford
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address 20 Barnet St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th April
4. *Place of Birth (Street and Number)* 20 Barnet Str
5. *Full Name of Mother* Fraziska Rutil
6. *Mother's Maiden Name* F. Nekvenda
7. *Mother's Birthplace* Kolin
8. *Full Name of Father* Franz Rutil
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Lirakov

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 20 Barnet Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
1915
BALTIMORE

No. of Child of Mother state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 April
4. *Place of Birth (Street and Number)* 13 E Barnet St.
5. *Full Name of Mother* Ludmila Holicek
6. *Mother's Maiden Name* L. Berman
7. *Mother's Birthplace* Sobolka
8. *Full Name of Father* Josef Holicek
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hungary

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 20 Barnet St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3367

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 15th of April
4. *Place of Birth (Street and Number)* 35 Bond Street.
5. *Full Name of Mother* Fidelia Schwarz
6. *Mother's Maiden Name* Bantz
7. *Mother's Birthplace* Hofgeismar, Germany
8. *Full Name of Father* Christopher Schwarz
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Grebenstein, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Steinhauer

Address 224 West Fayette Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9944
3368

HEALTH DEPARTMENT MAY 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Apl. 13. 1875
4. Place of Birth (Street and Number)	44 N. Boundary Ave
5. Full Name of Mother	Fanny Johnson
6. Mother's Maiden Name	Johnson
7. Mother's Birthplace	Maryland
8. Full Name of Father	Levi A. Kinsey
9 Father's Occupation	Life Ins. Agt.
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	F. H. Christian M.D.
Address	41. Penna Ave
Remarks	

3369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colered
3. Date of Birth April 18 1875
4. Place of Birth (Street and Number) No 29 union street Balt- Md
5. Full Name of Mother Ida Matilda ~~Adams~~ Payne
6. Mother's Maiden Name Ida Matild Adams
7. Mother's Birthplace Balt- Co Md
8. Full Name of Father James Payne
9. Father's Occupation Brick Maker
10. Father's Birthplace Balt- City Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Admas

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3042
3370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 18th 1875
4. Place of Birth (Street and Number)	38 N. Green St
5. Full Name of Mother	Charlotte E. Hurst
6. Mother's Maiden Name	Montgomery
7. Mother's Birthplace	Cecil Co. Md
8. Full Name of Father	Robert Hurst
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Judson Gilman M.D.
Address	172 Saratoga St
Remarks	Well developed healthy Child

3871

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3. Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	April 19 E 75
4. Place of Birth (Street and Number)	Stirling ~~Street~~. No 188.
5. Full Name of Mother	Rose Johnson.
6. Mother's Maiden Name	— — — —
7. Mother's Birthplace	Baltimore County.
8. Full Name of Father	Henry. Hardesay.
9. Father's Occupation	Stevadore.
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Amilia. Swann.
Address	No 7. Wayson's Alley. near Madison st
Remarks	Balto Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Records of Vital Statistics in the City of Baltimore.

3372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 21st April

4. Place of Birth (Street and Number) Tausent Street No 26. Locust-Point.

5. Full Name of Mother Berta Catarine Holdenwg.

6. Mother's Maiden Name Berta Catarine Petersen.

7. Mother's Birthplace Bremen. Germany.

8. Full Name of Father Carler Wilhelm Robert Holdenwg.

9. Father's Occupation Lebbeter.

10. Father's Birthplace Braunschweig. Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Erdel

Address

Remarks Margred Erdel.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	22 nd Apr 1875
4. *Place of Birth* (Street and Number)	Baltimore County
5. *Full Name of Mother*	Sophia Crate
6. *Mother's Maiden Name*	Stein
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Henry Crate
9. *Father's Occupation*	Farmer
10. *Father's Birthplace*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Susannah Jones
Address	Harford Road
Remarks	

Penalty of Five Dollars in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3374

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 15th April
4. *Place of Birth (Street and Number)* 187 Hanover Street
5. *Full Name of Mother* Elise Bischoff
6. *Mother's Maiden Name* Bielefeld
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Henry Bischoff
9. *Father's Occupation* merchant
10. *Father's Birthplace* Bremen

Name of Medical Attendant, or other Person who makes this Return. L. F. Reinhard

Address 224 W Fayette Street

Remarks

3376

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex* (state whether ~~Male~~ or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 25
4. *Place of Birth* (Street and Number) 116 Leadenhall st
5. *Full Name of Mother* Mary ~~Gueneham~~ Deveny
6. *Mother's Maiden Name* Mary Gueneham
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* ~~Timothy~~ Gregory Deveny
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of ~~Medical~~ Attendant, or other Person who makes this Return. G. Deveny

Address 116 Leadenhall st

Remarks

This child died June 11 1875

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3376

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 26th
4. *Place of Birth (Street and Number)* S. Charles Street 159
5. *Full Name of Mother* Pauline Wenzing
6. *Mother's Maiden Name* Petersen
7. *Mother's Birthplace* Washington D. C.
8. *Full Name of Father* Otto Wenzing
9. *Father's Occupation* merchant
10. *Father's Birthplace* Steinbergen. Lippe Schaumburg. Germany

Name of Medical Attendant, or other Person who makes this Return. H. E. Reinhard

Address 224 W. Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 27. April
4. Place of Birth (Street and Number) 24 Barnet St
5. Full Name of Mother Katharine Koffron
6. Mother's Maiden Name Katharine Sivetz
7. Mother's Birthplace Welevitz
8. Full Name of Father Bartolem Kofron
9. Father's Occupation Laborer
10. Father's Birthplace Kučera

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 20 Barnet St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23.15

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 28th of April 12 o'clock M.
4. *Place of Birth (Street and Number)* 250 Chew St.
5. *Full Name of Mother* Rosa Harris
6. *Mother's Maiden Name* R. Scheuf.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Fillis Harris
9. *Father's Occupation* Cigarmacker
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Goerfine Conrad

Address No 20. Barnet St. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3379

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 29 April
4. Place of Birth (Street and Number) 4th Aberth Str
5. Full Name of Mother Rozanie Dolňák
6. Mother's Maiden Name R. Mikulec
7. Mother's Birthplace Kadlovitz
8. Full Name of Father Jos Dolňák
9. Father's Occupation Laborer
10. Father's Birthplace Kadlovic

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 20 Barnet Str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

~~3881~~
3380

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colord
3. Date of Birth April 30 March
4. Place of Birth (Street and Number) 48 Wiss
5. Full Name of Mother Emily Webb
6. Mother's Maiden Name Homes
7. Mother's Birthplace Dorchester Co
8. Full Name of Father Galoppy Webb
9. Father's Occupation Brick yard
10. Father's Birthplace Dorchester Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Lucas Johnson

Address Short St No 32

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9381

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3382 ~~40~~

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (~~state whether~~ Male ~~or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 15th 9 A.M. 1875 7 months dead
4. Place of Birth (Street and Number) 74 S. Choptank
5. Full Name of Mother Mrs Mary Woods
6. Mother's Maiden Name Mary Harp
7. Mother's Birthplace Balto City
8. Full Name of Father David Wood
9. Father's Occupation Engineer
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Downelle M.D.

Address 299 E. Balto St.

Remarks

3383
3384

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	8 and 9 d
1. Sex (state whether Male or Female)	Male Twins
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 17 1875
4. Place of Birth (Street and Number)	361 Franklin
5. Full Name of Mother	Rosa Huf.
6. Mother's Maiden Name	" " Pfeifer
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Huf
9. Father's Occupation	Tobacco
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theresia Meinecke
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

338 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 17th 1875
4. Place of Birth (Street and Number) 163 Harford Avenue
5. Full Name of Mother Georgeanna Matthews
6. Mother's Maiden Name Georgeanna Starr
7. Mother's Birthplace Baltimore
8. Full Name of Father Thos L. Matthews
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Thos M. Henderson

Address 133 N. Eutaw St.

Remarks Instrumental.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3386

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH DEPARTMENT JUL 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19th May 1875
4. Place of Birth (Street and Number) Balto. 64 Madison St
5. Full Name of Mother Rebecca Snowden Marshall
6. Mother's Maiden Name Rebecca Snowden
7. Mother's Birthplace Ann Arundel Co. Md
8. Full Name of Father Charles Marshall
9. Father's Occupation Lawyer
10. Father's Birthplace Warrenton Va

Name of Medical Attendant, or other Person who makes this Return. Dr. F. Donaldson

Address 108 Park Ave — Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3387

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 19th 1875
4. *Place of Birth (Street and Number)* No. 71 Edmondson Av. 4th from Arlington Av.
5. *Full Name of Mother* Gabl Diggs
6. *Mother's Maiden Name* Gabl Barrington
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* James Diggs
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. C. Chew M. D.

Address 141/2 Lanvale St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3385

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 22nd 3 P.M. 1875 3 P. M. Instrumental
4. *Place of Birth* (Street and Number) White Hall Hotel Bank St. 26
5. *Full Name of Mother* Laura Virginia Hughes
6. *Mother's Maiden Name* Laura Virginia Clarke
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* George W. Hughes Jr.
9. *Father's Occupation* Conductor on City Cars
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return, James E. Donnelly M.D.

Address 299 E. Balto. St.

Remarks

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Black.
3. Date of Birth May 24th 1875
4. Place of Birth (Street and Number) Marion St.
5. Full Name of Mother
6. Mother's Maiden Name Maria Wilson
7. Mother's Birthplace Baltimore.
8. Full Name of Father Unknown
9. Father's Occupation do
10. Father's Birthplace do

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger.

Address 23. N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

3390

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state ~~whether Male or~~ Female)* Girl — Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26 — 1875
4. *Place of Birth (Street and Number)* 246 E. Fayette st
5. *Full Name of Mother* Margaret A. Welch
6. *Mother's Maiden Name* Margaret A. Cuchly
7. *Mother's Birthplace* Hampstead & Bond Co
8. *Full Name of Father* Samuel C. Welch
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace* Chestertown Kent Co. Md

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 199 E. Baltimore St.

Remarks

RETURN OF A BIRTH.

3391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Wednesday, May 26th 1875. 5 Oct. P.M.
4. Place of Birth (Street and Number)	81 Hollins
5. Full Name of Mother	Malvina Jane Warfield
6. Mother's Maiden Name	Gosnell
7. Mother's Birthplace	Frederick Co. Md.
8. Full Name of Father	Isaac Adolphus Warfield
9. Father's Occupation	Clerk in Tobacco Warehouse
10. Father's Birthplace	Carroll Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis M. Eastman
Address	349 Lexington
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh Son
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 27
4. Place of Birth (Street and Number)	Lemon court 4th Silver [illegible]
5. Full Name of Mother	Mary E. Smith
6. Mother's Maiden Name	Mary E. Hook
7. Mother's Birthplace	[illegible]
8. Full Name of Father	Thomas N. Smith
9. Father's Occupation	House Carpenter
10. Father's Birthplace	Baltimore city. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary J. Leman midwife
Address	No. 380 West McHenry St.
Remarks	Strong healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18 3393

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 30 — 1875 — 6 30 A. M. Twins
4. *Place of Birth (Street and Number)* 207 Bank
5. *Full Name of Mother* Josephine Pollero
6. *Mother's Maiden Name* Josephine Limond
7. *Mother's Birthplace* 121 S Eden St. Balto
8. *Full Name of Father* Thomas Pollero
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kent Co Maryland

Name of Medical Attendant, or other Person who makes this Return. Patrick E. Donnelly M.D.

Address 1996 Baltimore St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3394

RETURN OF A BIRTH.

HEALTH DEPARTMENT
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31 May 1875
4. *Place of Birth (Street and Number)* 108 Myrtle Avenue
5. *Full Name of Mother* Bessie Ormiston Bell
6. *Mother's Maiden Name* Bessie O. Stewart
7. *Mother's Birthplace* Scotland
8. *Full Name of Father* Henry Clay Bell
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Mabury Brown M.D

Address 201 N. Biddle Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3395

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Grass St. No. 368
4. Place of Birth (Street and Number)	1 of June.
5. Full Name of Mother	Kathrin Myride
6. Mother's Maiden Name	Kathrin Friedrich
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Friedrich
9. Father's Occupation	Laborer
10. Father's Birthplace	in Germany
Name of Medical Attendant, or other Person who makes this Return.	Thos. Marter
Address	West St. No. 128
Remarks	

3396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st June
4. Place of Birth (Street and Number)	William St, No. 335.
5. Full Name of Mother	Lizzie Pake.
6. Mother's Maiden Name	Lizzie Krell.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Pake
9. Father's Occupation	Baker.
10. Father's Birthplace	is in prison
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St, No. 125.
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3397

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 1st 1875
4. *Place of Birth (Street and Number)* No 44 Chatsworth Av
5. *Full Name of Mother* Mary E Brashier
6. *Mother's Maiden Name* Mary E. Pattison
7. *Mother's Birthplace* Kent Co Maryland
8. *Full Name of Father* William E. Brashier
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. H. Hammond M.D.

Address 53 N Paca St Balt

Remarks Natural Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3398

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sunday, June 1st 1873.
4. Place of Birth (Street and Number)	Balto Cne. # 240½
5. Full Name of Mother	Maria Lizzie Hunter
6. Mother's Maiden Name	Maria Lizzie Sorgen
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Wm Hunter
9. Father's Occupation	Cane Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	323 South Eutaw St.
Remarks	

RETURN OF A BIRTH.

3399

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1th " 1875
4. Place of Birth (Street and Number)	No 5 King St.
5. Full Name of Mother	Kate Shean.
6. Mother's Maiden Name	Kate Nolan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Shean
9. Father's Occupation	Driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	S. G. Womble Jr D
Address	No 203 W Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3409

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) no 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 1st June 1875
4. Place of Birth (Street and Number) No 50 Bevan St. Baltimore
5. Full Name of Mother Ellen Donehoe
6. Mother's Maiden Name Ellen Kelle
7. Mother's Birthplace Ireland
8. Full Name of Father Denies. Donehoe
9. Father's Occupation Driver
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula S Chrisine

Address 129 E Monument St

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 1st 1875.

4. Place of Birth (Street and Number) 100 Madison and Eutaw

5. Full Name of Mother Sophia Frederick

6. Mother's Maiden Name Kuntz

7. Mother's Birthplace Baltimore, Md

8. Full Name of Father Bork Butcher

9 Father's Occupation Carl Frederick

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary K. Rodgers

Address 134 North Eutaw St.

Remarks

3402

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 14
4. *Place of Birth (Street and Number)* W 22. Washington road
5. *Full Name of Mother* Annie L. Simond
6. *Mother's Maiden Name* Annie L. Hare
7. *Mother's Birthplace* Carol Co Maryland
8. *Full Name of Father* David F Simond
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D

Address W 106. Columbia Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16
31403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) No. 4.

1. *Sex (state whether Male or Female)* Male White
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 1st 95
4. *Place of Birth (Street and Number)* No. 49 Aiken St
5. *Full Name of Mother* Cordelia McAllister
6. *Mother's Maiden Name* Love
7. *Mother's Birthplace* England
8. *Full Name of Father* Wm Duncan McAllister
9. *Father's Occupation* Gas Fitter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr G. W. Grayson

Address No. 15 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who ... assist, or advise at the birth of any child within the City of Baltimore, shall report ... aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and co... children born its or their physical condition, whether still born or not, the full n... and residence of the parents, and the maiden name of the mother of such child or child...

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

34011

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 1st 1875.
4. Place of Birth (Street and Number) Comets Street near Johnson Street
5. Full Name of Mother Margreth Fischer
6. Mother's Maiden Name Margreth Hash
7. Mother's Birthplace Germania
8. Full Name of Father Anton Fischer
9. Father's Occupation Labor
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Ho.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31405

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Stillbirth

1. Sex (state whether Male or Female) Female child

2. Race or Color (if not of the white race) White

3. Date of Birth 1 June.

4. Place of Birth (Street and Number) 246 Main street

5. Full Name of Mother Mary E. Hunter

6. Mother's Maiden Name Mary E. Hunter

7. Mother's Birthplace Pennsylvania.

8. Full Name of Father Charles Hunter

9. Father's Occupation Coalminer.

10. Father's Birthplace Hanover.

Name of Medical Attendant, or other Person who makes this Return. Mrs C Brendel

Address No 208 South Bond Str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3406

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4te
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1te 1875
4. Place of Birth (Street and Number)	No 294½ Stirling strat
5. Full Name of Mother	Ernestena Hollmann
6. Mother's Maiden Name	Ernestena Kapschitzka
7. Mother's Birthplace	Germany
8. Full Name of Father	Theodor Hollmann
9. Father's Occupation	Wheal right
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Hena Hillegeist
Address	No 182 East Monument
Remarks	

3407

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Female Child
2. *Race or Color* (if not of the white race) Light Brown
3. *Date of Birth* June 1 the 1875
4. *Place of Birth* (Street and Number) Castle St No 7
5. *Full Name of Mother* Maggia Green
6. *Mother's Maiden Name* Maggia Lewis
7. *Mother's Birthplace* Md
8. *Full Name of Father* Robert Green
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mid wife Chaplin

Address

Remarks No 69 S Bethel St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth June 1d 1875

4. Place of Birth (Street and Number) 182 Lexington St

5. Full Name of Mother Pauline Barth.

6. Mother's Maiden Name Pauline Scheeler.

7. Mother's Birthplace Baltimore City

8. Full Name of Father William G. Barth.

9. Father's Occupation Salesman

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer, Md.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 1st 1875
4. Place of Birth (Street and Number)	No 1. Bredenbaugh Alley
5. Full Name of Mother	Hannah Stokes
6. Mother's Maiden Name	
7. Mother's Birthplace	Port Deposit
8. Full Name of Father	[redacted]
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Harriet Ann Jackson
Address	No 97 Chestnut St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3410

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	first of June
4. Place of Birth (Street and Number)	No 381 Franklin St
5. Full Name of Mother	Louisa ~~Louise~~ Schulz
6. Mother's Maiden Name	Louisa Sommer
7. Mother's Birthplace	in Baltimore
8. Full Name of Father	Samuel Schulz
9. Father's Occupation	Baker
10. Father's Birthplace	in Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs J Eigeldinger
Address	No 14 union St
Remarks	

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1. 1875
4. Place of Birth (Street and Number)	33 Hamburg st.
5. Full Name of Mother	Mary Prudent
6. Mother's Maiden Name	Mary E. Smith
7. Mother's Birthplace	Calvert county Md
8. Full Name of Father	Clement Godfred
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorcester county Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3411

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (~~if not of the white race~~)	White
3. Date of Birth	1st June, 1875.
4. Place of Birth (Street and Number)	cor Light & Fort sts.
5. Full Name of Mother	Sarah Elizabeth Thorney
6. Mother's Maiden Name	Smith.
7. Mother's Birthplace	Baltimore County Md.
8. Full Name of Father	John Thorney.
9. Father's Occupation	Machinist.
10. Father's Birthplace	England.
Name of Medical Attendant, or other Person who makes this Return	J. E. Harrington M.D.
Address	864 Light st.
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9113

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) the 14th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born the 1st of June 1875
4. *Place of Birth (Street and Number)* Baltimore City Dover St. 212
5. *Full Name of Mother* Lizzie Barton
6. *Mother's Maiden Name* Lizzie Webb
7. *Mother's Birthplace* Washington City D.C.
8. *Full Name of Father* David Barton
9. *Father's Occupation* Works in the Brick yard in Summer
10. *Father's Birthplace* Harford County Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherien Sawyer

Address 214 Dover St Baltimore

Remarks

3414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 1st
4. Place of Birth (Street and Number) 389 N. Gilmor
5. Full Name of Mother Mary Alverta Forrester
6. Mother's Maiden Name Faithful
7. Mother's Birthplace Balto. City
8. Full Name of Father Benj. Franklin Forrester
9. Father's Occupation Carpenter
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. Samuel T. Knight M.D.

Address 112 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1st 1875
4. Place of Birth (Street and Number)	No 246 E Lombard st Balto city
5. Full Name of Mother	Victoria F Auld,
6. Mother's Maiden Name	" " Griffin,
7. Mother's Birthplace	Virginia, Gloucester county,
8. Full Name of Father	Lloyd A Auld
9. Father's Occupation	Mariner
10. Father's Birthplace	Balto M. D.
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Andrews M D
Address	No 121 E Balto st
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3416

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	June 1 th
4. *Place of Birth* (Street and Number)	W Lombard St 702
5. *Full Name of Mother*	Claire McKinse
6. *Mother's Maiden Name*	Claire Smith
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Samuel McKinse
9. *Father's Occupation*	Plasterer
10. *Father's Birthplace*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Mrs C Sinclair
Address	No 29 Monro St
Remarks	

RETURN OF A BIRTH.

3417

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth child

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 1st 1875
4. *Place of Birth* (Street and Number) N 91. West Chase St
5. *Full Name of Mother* Matilda J. Lee
6. *Mother's Maiden Name* Matilda Jenkins
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Charles O'Donnell Lee
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H Chatard

Address N 114 Park Avenue

Remarks

red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

~~3818~~
3418

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 22 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the first 1875
4. *Place of Birth (Street and Number)* Baltimore Park avenue 211
5. *Full Name of Mother* Sarah Emmer Sullivan
6. *Mother's Maiden Name* Sarah Emmer Goodall
7. *Mother's Birthplace* Anne Arundel County
8. *Full Name of Father* Robert J Sullivan
9. *Father's Occupation* Boatman on Boat
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Julia McCabe

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 2d of June 1875
4. Place of Birth (Street and Number) 166 Scott St
5. Full Name of Mother Celia Reiter
6. Mother's Maiden Name Mis Oconer
7. Mother's Birthplace Ireland
8. Full Name of Father John Reiter
9. Father's Occupation Conductor of Baltimore
10. Father's Birthplace Ohio Railroad from Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Magarinus

Address Rosett St No 90

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 2nd 1AM 1875
4. Place of Birth (Street and Number)	66 Wilmer ally
5. Full Name of Mother	Elizabeth A Day
6. Mother's Maiden Name	" Williams
7. Mother's Birthplace	Balt.
8. Full Name of Father	Enoch Day
9. Father's Occupation	Laborer
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	R Winslow M.D.
Address	486 Pa Av + 23 McCulloh
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	June 2nd
4. *Place of Birth (Street and Number)*	No 180 Eastern Ave
5. *Full Name of Mother*	Alicein Hall
6. *Mother's Maiden Name*	Alicein Johnston
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Council Hall
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leo Walker
Address	No 178 South Dallas Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3422

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

JUN 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 a
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	W
3. Date of Birth	2 " June 875
4. Place of Birth (Street and Number)	132 E Lombard st
5. Full Name of Mother	Marie
6. Mother's Maiden Name	Farmer
7. Mother's Birthplace	" Mc Quire
8. Full Name of Father	Will
9. Father's Occupation	Farmer
10. Father's Birthplace	Laborer Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3423

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 2 of June
4. Place of Birth (Street and Number) Elbow lane 72
5. Full Name of Mother Margret Finey
6. Mother's Maiden Name Margret Glenn
7. Mother's Birthplace Acamack Va
8. Full Name of Father Philip Finey
9. Father's Occupation Labor
10. Father's Birthplace Acamack Va

Name of Medical Attendant, or other Person who makes this Return. Non

Address 40 Hill St

Remarks Mary A Dorsey

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 2nd 1875
4. Place of Birth (Street and Number)	104 North Wolfe St
5. Full Name of Mother	Susan Jane Kesler
6. Mother's Maiden Name	Shipley
7. Mother's Birthplace	Montgomery Co Md
8. Full Name of Father	William Henry Harrison Kesler
9. Father's Occupation	Machinist
10. Father's Birthplace	Frederick County Md
Name of Medical Attendant, or other Person who makes this Return.	G T Adams MD
Address	715 Druid Hill Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 2nd 1875

4. Place of Birth (Street and Number) 323½ Pennsylvania Avenue

5. Full Name of Mother Agnes Gent

6. Mother's Maiden Name Agnes Bankard

7. Mother's Birthplace Carroll County Maryland

8. Full Name of Father Charles A. Gent

9. Father's Occupation Coach Smith

10. Father's Birthplace Carroll County Maryland

Name of Medical Attendant, or other Person who makes this Return. P. C. Gibbons M. D.

Address 47 Edmondson Ave

Remarks Babe's weight - 11¼ lbs - healthy

Text Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Wednesday June 2nd 1875
4. Place of Birth (Street and Number) 79 Block Do
5. Full Name of Mother Caroline Sheppard
6. Mother's Maiden Name Caroline Lubecker
7. Mother's Birthplace Baltimore
8. Full Name of Father William H Sheppard
9. Father's Occupation Oyster Measure
10. Father's Birthplace Cincinnati Ohio

Name of Medical Attendant, or other Person who makes this Return. Mrs L Brendel

Address No 208 South Bond Str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	2 d of June
4. Place of Birth (Street and Number)	Lanman Alley N. 48
5. Full Name of Mother	Eva
6. Mother's Maiden Name	E. Siegrist
7. Mother's Birthplace	~~Baltimore~~ Bavaria
8. Full Name of Father	Franz X. Schuch
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Russia
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Pfarr Midwife
Address	
Remarks	N. 14 Somerset St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 2 1875.
4. Place of Birth (Street and Number)	Myrtle Ave near Townsend
5. Full Name of Mother	Carrie Clifton
6. Mother's Maiden Name	Carrie Hoffman
7. Mother's Birthplace	Balt.
8. Full Name of Father	Robert Clifton
9. Father's Occupation	Tailor
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	H M Wilson
Address	251 Madison Ave
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3499

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd of June
4. Place of Birth (Street and Number)	72 Decker St
5. Full Name of Mother	Bridget Elizabeth Welch
6. Mother's Maiden Name	Bridget E. Molloy
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Welch
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 21 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2d, 1875.
4. *Place of Birth (Street and Number)* 370 Aisquith st.
5. *Full Name of Mother* Fanny Jane Russell
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Born in Baltimore
8. *Full Name of Father* Joseph Franklin Russell
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Magdalena Sommerfeld

Address 26 Park st.

Remarks It is a baby girl

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3431

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 2nd 1875
4. Place of Birth (Street and Number)	# 63 Mulliken St
5. Full Name of Mother	Lucy Nickerson
6. Mother's Maiden Name	Lucy Nickelson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Eugene R Nickerson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. A. Schultz
Address	174 Orleans St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

3432

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 1/2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 2 ~~24 Gilt st~~ 75
4. *Place of Birth (Street and Number)* 24 Gilt St
5. *Full Name of Mother* Barbara Wiegmann
6. *Mother's Maiden Name* Herbst
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Georg Wiegmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

33139

HEALTH DEPARTMENT JUN 3 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY. June 2nd 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 2nd 1875
4. Place of Birth (Street and Number) No 13 Madeira Alley
5. Full Name of Mother Magereth Quaty
6. Mother's Maiden Name Magereth Severine
7. Mother's Birthplace America
8. Full Name of Father Charles Quaty
9. Father's Occupation Laborer
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Amend.

Address No 137 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

33134

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child of the

1. Sex (state whether Male or Female) Female gen

2. Race or Color (if not of the white race) White

3. Date of Birth 2th June

4. Place of Birth (Street and Number) Harrison St No 61

5. Full Name of Mother Gatty Socks

6. Mother's Maiden Name Gatty Markisson

7. Mother's Birthplace West Prisson

8. Full Name of Father Laby Socks

9. Father's Occupation Secondhand Store

10. Father's Birthplace Holland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address No 48 Holland St Baltimore

Remarks

3435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) American
3. Date of Birth June 2 1875
4. Place of Birth (Street and Number) Asquith St No 138
5. Full Name of Mother Mary Saffran
6. Mother's Maiden Name Mary Smirwold
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Saffran
9. Father's Occupation Tin C Sheet Iron Worker
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address No 48 Holland St Baltimore

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child within the City of Baltimore, shall report to the registrar a within six days thereafter, stating distinctly the date of birth, sex, and color of the child or born, its or their physical condition, whether still born or not, the full name, nativity, and r of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3436

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) first Child

(state whether Male or Female) Girl

or Color (if not of the white race) white

of Birth June 2d

of Birth (Street and Number) Corner Dallas & Eastern Ave

Name of Mother Anna Kirkle

her's Maiden Name Anna Kirkle

her's Birthplace Baltimore

Name of Father unknown

her's Occupation

her's Birthplace

ne of Medical Attendant, or other Person who makes this Return. Lena Koch

dress No. 18 Bank St. Canton

narks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31437

REGISTERED JUL 6 1875 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st & Twins

1. *Sex (state whether Male or Female)* Males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2 nd 103
4. *Place of Birth (Street and Number)* Corner Central Ave and Pratt st
5. *Full Name of Mother* Elise Camps
6. *Mother's Maiden Name* Loth
7. *Mother's Birthplace* Hannover
8. *Full Name of Father* Gesseit Camps
9. *Father's Occupation* Soie Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemon

Address 70 Granby Street

Remarks

RETURN OF A BIRTH.

16 31438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 11 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (~~state whether Male or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2nd 1875 9th A.M.
4. *Place of Birth (Street and Number)* 196 E. Pratt St. City Balto.
5. *Full Name of Mother* Mrs Caroline Landini
6. *Mother's Maiden Name* Caroline Bauer
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Thomas R Landini
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 199 E. Baltimore St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) American White
3. Date of Birth June 1875
4. Place of Birth (Street and Number) Baltimore St No 103
5. Full Name of Mother Maggie Whitney
6. Mother's Maiden Name Maggie Booth
7. Mother's Birthplace Europe
8. Full Name of Father Frank Whitney [redacted]
9. Father's Occupation Labourer
10. Father's Birthplace Providence Rhode Island

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address No 48 Holland St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Black
3. Date of Birth June 2/75.
4. Place of Birth (Street and Number) 156 Hoffman St
5. Full Name of Mother Mary Bill.
6. Mother's Maiden Name Mary Burroughs.
7. Mother's Birthplace Lynchburg Virginia.
8. Full Name of Father Thomas Wm Bill
9. Father's Occupation Waiter
10. Father's Birthplace Tallot Co. Md.

Name of Medical Attendant, or other Person who makes this Return. J. R. Brown, M.D.

Address Park Avenue & Lanvale Street

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

MISSING

#3441 - 3442

~~3441~~
3443

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) this is the first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* June 3
4. *Place of Birth (Street and Number)* Shields is ally No
5. *Full Name of Mother* Mollia Heasington
6. *Mother's Maiden Name* Mollia Wells
7. *Mother's Birthplace* eston Shore
8. *Full Name of Father* Willamy Heasington
9. *Father's Occupation* hod Carria
10. *Father's Birthplace* exiss County Va

Name of Medical Attendant, or other Person who makes this Return. Sarh Smothers

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3411.11

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3d
4. Place of Birth (Street and Number)	95 Division St.
5. Full Name of Mother	Clara R Delany
6. Mother's Maiden Name	Clara R Dickey
7. Mother's Birthplace	Balto
8. Full Name of Father	Wm J. C. Delaney
9. Father's Occupation	Book Seller
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	H. Jenkins
Address	148 Mulberry St.
Remarks	Living & Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

34165

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 9 June
4. Place of Birth (Street and Number) Bethel Street 114
5. Full Name of Mother Eliza Moore
6. Mother's Maiden Name Eliza Willis
7. Mother's Birthplace Baltimore
8. Full Name of Father Horace Moore
9. Father's Occupation Brick maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Giles

Address 247 Allen Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

31146

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	~~May~~ 3d June 3d
4. Place of Birth (Street and Number)	G. Lareuk Alley
5. Full Name of Mother	Annie Ingood
6. Mother's Maiden Name	Unmarried
7. Mother's Birthplace	Annapolis Md.
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Annie Duffy
Address	12 Larkins Alley
Remarks	Dr H. D. Booker

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3447

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 3d. 1875
4. *Place of Birth (Street and Number)* No. 317 Argyle Aven.
5. *Full Name of Mother* A. L. Stunz
6. *Mother's Maiden Name* A. L. Shipley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* G. W. P. Stunz
9. *Father's Occupation* Engraver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. T. Stansbury M. D.,

Address Towsontown, Balto. Co. Md.

Remarks

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

31145

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	3 of Juni
4. *Place of Birth* (Street and Number)	Lemberd St 287.
5. *Full Name of Mother*	Mathilde Schaffern
6. *Mother's Maiden Name*	Mathilde Hermann
7. *Mother's Birthplace*	Baden
8. *Full Name of Father*	Peter Schaffern
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Brendel
Address	208 South Bond str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

Name, William Adam Burkhardt

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth & Born June the 3.
4. Place of Birth (Street and Number) East Biddle st No 151.
5. Full Name of Mother Charlotte (Burkhart) Burkhardt
6. Mother's Maiden Name Charlott (Coronty) Baker
7. Mother's Birthplace was born in Middle town pensilvanid.
8. Full Name of Father John (Burkhart) Burkhardt
9. Father's Occupation occupation & Drayman
10. Father's Birthplace Zurbhar Lurlbig von Cunnibal Zürl zu Rinderbij

Name of Medical Attendant, or other Person who makes this Return. Walbrüger Miller

Address Ctirling St No 165

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3rd of June
4. Place of Birth (Street and Number)
5. Full Name of Mother Agnes Burgan
6. Mother's Maiden Name Agnes Burgan Kenney
7. Mother's Birthplace John Burgan
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace Belair Road

Name of Medical Attendant, or other Person who makes this Return.

Address At Walbringer Müller

Remarks Stirling St No 165

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	3rd of June
4. Place of Birth (Street and Number)	No. 322 Park Avenue.
5. Full Name of Mother	Mary Buderer.
6. Mother's Maiden Name	Mary Bowers.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Buderer
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	No. 369 Cathedral St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Not Record of Vital Statistics in the City of Baltimore.

3432

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Mädchen.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 3. Juni 1875.
4. Place of Birth (Street and Number) Canton. Elliott. St.
5. Full Name of Mother Marie Nitzel
6. Mother's Maiden Name Dannenfelzer.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Samuel Nitzel
9. Father's Occupation Zeugmann.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address 118. Curlei Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3453

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Third of June, 1875
4. Place of Birth (Street and Number)	272 Ramsay St.
5. Full Name of Mother	Ruth Ann Boyer
6. Mother's Maiden Name	Franklin
7. Mother's Birthplace	Carroll County, Md.
8. Full Name of Father	William H. Boyer
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Montgomery Co., Md
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	234 Hollins St.
Remarks	Physical condition good

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

31454

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	3rd June 1875
4. *Place of Birth (Street and Number)*	119 N. Wolf St
5. *Full Name of Mother*	Annie McCloskey
6. *Mother's Maiden Name*	Annie Grisley
7. *Mother's Birthplace*	Monroe N. Carolina
8. *Full Name of Father*	Charles E McCloskey
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Hammond
Address	221 Mulberry St
Remarks	

3455

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1875 BALTIMORE

Name of Child: John Henry Graefe

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 3rd 1875
4. Place of Birth (Street and Number)	47 Clay
5. Full Name of Mother	Amalia (Graffe) Graefe
6. Mother's Maiden Name	A. Bruner
7. Mother's Birthplace	Thuringia Germany
8. Full Name of Father	Eduard (Graffe) Graefe
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

20
34.56

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
19
1895
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5-d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3d 1895
4. Place of Birth (Street and Number)	No 50 Hanbury St
5. Full Name of Mother	Mary E North
6. Mother's Maiden Name	Mary E Saunders
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Will E North
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D.
Address	17 Warren St
Remarks	

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3115 21/1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3d 1875
4. Place of Birth (Street and Number)	No. 215 William St
5. Full Name of Mother	Rebecca E. Roberts
6. Mother's Maiden Name	Rebecca E Ratchett
7. Mother's Birthplace	Maryland
8. Full Name of Father	John. Roberts
9. Father's Occupation	Mariner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. B. Noble M.D.
Address	17 Warren St
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. Sex (state whether Male or Female) Male's
2. Race or Color (if not of the white race) White
3. Date of Birth Sunday 3 O-clock A M June 13-75
4. Place of Birth (Street and Number) Baltimore Md Division St No -
5. Full Name of Mother Margaret Hartzel
6. Mother's Maiden Name Margaret Kurtz
7. Mother's Birthplace Baltimore
8. Full Name of Father Walter Hartzel
9. Father's Occupation Milk Wagon Driver
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. H. J. Houck

Address 578 - Penn Ave Balt

Remarks Both very Small - but seemingly healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3459

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 3. d
4. *Place of Birth (Street and Number)* Louisanna alr.
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Niklaus Büttner
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Lena Koch

Address

Remarks

RETURN OF A BIRTH.

3460

HEALTH DEPARTMENT JUN 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 3 of June 1875
4. Place of Birth (Street and Number) Baltimore No 160 Raburg st
5. Full Name of Mother Elizabeth Julia Goings
6. Mother's Maiden Name E J Ward
7. Mother's Birthplace Maryland
8. Full Name of Father John Goings
9. Father's Occupation Waiter
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 4th 1875
4. Place of Birth (Street and Number) Woodyear Street No. 64.
5. Full Name of Mother Mary M. Sheppard
6. Mother's Maiden Name Mary M. Armacost
7. Mother's Birthplace Baltimore County
8. Full Name of Father Josiah H. Sheppard
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. L. G. Sparrow

Address N. Carey St. No. 428

Remarks Well-formed healthy Child

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 4th 1875.
4. Place of Birth (Street and Number) No 3. 39½ Central Ave
5. Full Name of Mother Sabina Kuper
6. Mother's Maiden Name Sabina Bauer
7. Mother's Birthplace Germany
8. Full Name of Father Hermann Kuper
9. Father's Occupation Cigars Manufacturer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena ~~H.~~ Hillegerst

Address No 2[illegible] Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3463

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 7th 1875
4. Place of Birth (Street and Number) No 72 South Bethel St
5. Full Name of Mother Magdalene Ulzenheimer
6. Mother's Maiden Name Magdalene Hermann
7. Mother's Birthplace Germany
8. Full Name of Father George Ulzenheimer
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 South Bond St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3164

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 4th 1875
4. *Place of Birth (Street and Number)* Biddle St. 7th house above Wood
5. *Full Name of Mother* Emma Foy
6. *Mother's Maiden Name* Emma McMaines
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Wm H. Foy
9. *Father's Occupation* ——
10. *Father's Birthplace* Havre de grace Md.

Name of Medical Attendant, or other Person who makes this Return. City Lockman

Address 61 Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

31465

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* ~~child~~ Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 4 of June
4. *Place of Birth (Street and Number)* Belair Road
5. *Full Name of Mother* Maria
6. *Mother's Maiden Name* Bebis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Shreeber
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dorothea Hare Midwife

Address N. 94 Somerset Street

Remarks

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

34466

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race)
3. Date of Birth 4th June 1875
4. Place of Birth (Street and Number) #2 Walsh Street
5. Full Name of Mother Rebecca Hermonie Maynadier
6. Mother's Maiden Name " " Rockwell
7. Mother's Birthplace Georgia
8. Full Name of Father Joseph Murray Maynadier
9. Father's Occupation Merchant
10. Father's Birthplace Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo H. Taylor

Address #1 Waverley Terrace

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3467

HEALTH DEPARTMENT
JUN 10 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex (state whether Male or Female) ~~Female~~ Male
2. Race or Color (if not of the white race)
3. Date of Birth Jun 4. 75
4. Place of Birth (Street and Number) 115 S Bradway
5. Full Name of Mother Redschel Lipman
6. Mother's Maiden Name Liman
7. Mother's Birthplace Germania
8. Full Name of Father Oskor Lipman
9. Father's Occupation Soorman
10. Father's Birthplace Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3468

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 4th of Jan. 0 P. M.

4. Place of Birth (Street and Number) 46 Barnes St.

5. Full Name of Mother Maria Havranek

6. Mother's Maiden Name M. Havlik

7. Mother's Birthplace Milzie Bohemia

8. Full Name of Father Fra. Havranek

9. Father's Occupation Laborer

10. Father's Birthplace Milzie Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address 20 Barnet

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3469

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Child.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4. of Inne
4. *Place of Birth (Street and Number)* Number 942 East Lebase Stut
5. *Full Name of Mother* Susan Knolmeyer
6. *Mother's Maiden Name* Susan Giller
7. *Mother's Birthplace* born in the City of Baltimore
8. *Full Name of Father* John Knolmeyer
9. *Father's Occupation* Hochstr occupation
10. *Father's Birthplace* born in the City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wolbinger Miller

Address Sterling St c/o 165

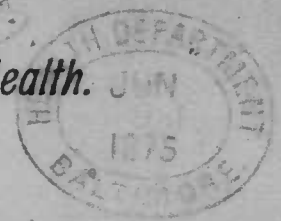
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3479

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male "
2. Race or Color (if not of the white race)	Irish Descent
3. Date of Birth	4th of June
4. Place of Birth (Street and Number)	No. 174 Greenmount Ave
5. Full Name of Mother	Johanna. Mc Kenna
6. Mother's Maiden Name	" Fitzgerald
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Mc Kenna
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	Ursula Chrimmer No. 129 E. Monument St
Remarks	No 129 E Monument St. Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3471

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June the 4 1875
4. *Place of Birth* (Street and Number) fountain st 51
5. *Full Name of Mother* Rachal T. Right
6. *Mother's Maiden Name* Rachal T. Gussush
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William J Right
9. *Father's Occupation* Worker in Rolling Mill
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Emily Ball

Address No 171 South Chester st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

3472

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 4th 1875
4. Place of Birth (Street and Number)	Baltimore Harford Avenue 1 2
5. Full Name of Mother	Margaret A. Scroggs
6. Mother's Maiden Name	Ohacco
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Scroggs
9. Father's Occupation	Labourer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Susannah [illegible]
Address	Harford Road
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 20.

3473

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 te
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	den 4 June 1875
4. Place of Birth (Street and Number)	Orlin str No 362
5. Full Name of Mother	Katharina Steib
6. Mother's Maiden Name	Katharina Hes
7. Mother's Birthplace	Hessendarm stadt
8. Full Name of Father	Louis Steib
9. Father's Occupation	Barbir
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Johanna Pianpach
Address	South Holt str No 28
Remarks	Un wife

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3474

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) tenth child

1. *Sex (state whether Male or Female)* healthy male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* fourth of june
4. *Place of Birth (Street and Number)* 2 amity court
5. *Full Name of Mother* Rebeca Spangelberger
6. *Mother's Maiden Name* Rebeca Williams
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* John Spangelberger he is white
9. *Father's Occupation* Richmond
10. *Father's Birthplace* laborer

Name of Medical Attendant, or other Person who makes this Return. Lydia Summerville

Address 13 Clinton avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

3475

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colrd
3. *Date of Birth* June 4th 1875
4. *Place of Birth (Street and Number)* 238 West Stret
5. *Full Name of Mother* Priscilla Berry
6. *Mother's Maiden Name* Priscilla Berry
7. *Mother's Birthplace* Calvert Co Md
8. *Full Name of Father* ———
9. *Father's Occupation* ———
10. *Father's Birthplace* ———

Name of Medical Attendant, or other Person who makes this Return. Mrs Milly Groves

Address No 1 Patapsco Avenue

Remarks No Other Attendance

3476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th June
4. Place of Birth (Street and Number)	Henrietta St No 169
5. Full Name of Mother	Florentine Cran
6. Mother's Maiden Name	Buckman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Cran
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hessendarmstaat
Name of Medical Attendant, or other Person who makes this Return.	Mary Hroh
Address	328 South Eutaw S.
Remarks	B Hd

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3477

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 14 1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 4th 4th to 1876
4. Place of Birth (Street and Number) Baltimore Water Court
5. Full Name of Mother Rosa Wilson
6. Mother's Maiden Name Rosa Smith
7. Mother's Birthplace Annedle County
8. Full Name of Father Peter Wilson
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chester Bradley Dr

Address 86 Orchard Street

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

34178

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
(state whether Male or Female)	Female
or Color (if not of the white race)	White
of Birth	June 4th
of Birth (Street and Number)	740 West Baltimore St
Name of Mother	Sarah E. Bunch
er's Maiden Name	Hammett
er's Birthplace	St Mary's County Maryland
Name of Father	John. D. Bunch
er's Occupation	Merchant
er's Birthplace	Charles County Maryland
e of Medical Attendant, or other Person who makes this Return.	J. C. Bunch M D
ress	141 Hanover St
arks	

3479

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th of June
4. Place of Birth (Street and Number)	West Pratt St
5. Full Name of Mother	Mary Ann Lamehout
6. Mother's Maiden Name	Mary Ann Butcher 900
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Lamehout
9. Father's Occupation	Brakeman on B.O.R.R.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	M. J. Leman
Address	380. West Mc. Henry St.
Remarks	Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3480

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colord
3. Date of Birth 4 June
4. Place of Birth (Street and Number) 102 Lodenhal
5. Full Name of Mother Mary Stured
6. Mother's Maiden Name Mary Stured
7. Mother's Birthplace Baltimore
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address Mary A Dorsey

Remarks 40 Hill st

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3451

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth June 4th 1875

4. Place of Birth (Street and Number) 2 Marion St.

5. Full Name of Mother Anna Davis

6. Mother's Maiden Name Anna Torny.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Harrison Davis.

9. Father's Occupation Grain Measurer.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winnberger

Address 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Real Record of Vital Statistics in the City of Baltimore.

3482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jun 5. 75
4. *Place of Birth (Street and Number)* 31 Burk St
5. *Full Name of Mother* Marie Nelston
6. *Mother's Maiden Name* " Hadlach
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Henri Nelston
9. *Father's Occupation* Carpender
10. *Father's Birthplace* Denemark

Name of Medical Attendant, or other Person who makes this Return. Mrs. E Buchman in

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3483

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 5 75
4. *Place of Birth (Street and Number)* 205 Durham St
5. *Full Name of Mother* Kate Spahn
6. *Mother's Maiden Name* Merix
7. *Mother's Birthplace* Citi ~~Germanie~~
8. *Full Name of Father* John Spahn
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germanie ~~Denmark~~

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3464

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 5. 1875
4. *Place of Birth* (Street and Number) No 9 Clark St.
5. *Full Name of Mother* Margaret Dorsey
6. *Mother's Maiden Name* Margaret Maxwell
7. *Mother's Birthplace* Londonderry Ireland
8. *Full Name of Father* James Dorsey
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Brooklyn N. York

Name of Medical Attendant, or other Person who makes this Return. Sarah Wooden Mid Wife

Address 137 Hanover Avenue

Remarks

31185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 11 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	(Colored)
3. Date of Birth	June 5th
4. Place of Birth (Street and Number)	145 N Caroline St.
5. Full Name of Mother	Mary L Allen
6. Mother's Maiden Name	Mary L Carter
7. Mother's Birthplace	Virginia
8. Full Name of Father	John L Allen
9. Father's Occupation	Minister
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Saml Powell
Address	1029 Aisquith St Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth June 5th 1875
4. Place of Birth (Street and Number) Corner Gay & Biddle Sts
5. Full Name of Mother Rosa Henderer
6. Mother's Maiden Name Rosa Neier
7. Mother's Birthplace Holland
8. Full Name of Father Chas. Fredk. Henderer
9. Father's Occupation Shoemaker
10. Father's Birthplace Damstedt

Name of Medical Attendant, or other Person who makes this Return. E G Walls MD

Address 181 E. Monument St

Remarks Child presents a very healthy appearance.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3487

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth 1st June 1875.
4. Place of Birth (Street and Number) 108 Orleans St.
5. Full Name of Mother Margret E Ritchie
6. Mother's Maiden Name " " "
7. Mother's Birthplace Philadelphia Pa.
8. Full Name of Father John L. Ritchie
9. Father's Occupation Drayman,
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Walla

Address 124 N. Carolina st,

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 5th June 1875
4. Place of Birth (Street and Number) 30 N. Washington St.
5. Full Name of Mother Harriett A. Salter
6. Mother's Maiden Name Harriet A. Yearley
7. Mother's Birthplace Baltimore City, Md.
8. Full Name of Father Theodore E. Salter
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return. May Walker

Address 125 N. Caroline St.

Remarks

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3459

HEALTH DEPARTMENT
JUN
19
1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 3 June

4. Place of Birth (Street and Number) 194 Montgomery St

5. Full Name of Mother Mary Ann Preston

6. Mother's Maiden Name Mary Ann

7. Mother's Birthplace Ireland

8. Full Name of Father William Preston

9 Father's Occupation Black Smith

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A

Address

Remarks Dairy 40 Hill St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	5th June 1875
4. Place of Birth (Street and Number)	91 Washington St.
5. Full Name of Mother	Annie Sommel
6. Mother's Maiden Name	Amelia
7. Mother's Birthplace	Germany
8. Full Name of Father	John Sommel
9. Father's Occupation	Mecanic
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Saltha Caspel
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3491

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 5 June.
4. Place of Birth (Street and Number) 1 Waker.
5. Full Name of Mother Mary Kaiser
6. Mother's Maiden Name Tinne. Kaiser
7. Mother's Birthplace Garme
8. Full Name of Father M. Smith
9. Father's Occupation [illegible] Clerck
10. Father's Birthplace Baltimer.

Name of Medical Attendant, or other Person who makes this Return. Katharina Sunbach.

Address West Lewisett Y 4 437.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3492

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 5th 1875
4. *Place of Birth (Street and Number)* 131 S Green St
5. *Full Name of Mother* Mary Snappinger
6. *Mother's Maiden Name* Worst
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Snappinger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 S Paca St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3193

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5th 1875
4. Place of Birth (Street and Number)	358 E. Mont St (E Monument St)
5. Full Name of Mother	Margaret Jane Harris
6. Mother's Maiden Name	" " Lockhart
7. Mother's Birthplace	Adams Co Pa
8. Full Name of Father	William Harris
9. Father's Occupation	Brass Moulder
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who make this Return.	A Hartman MD
Address	1305 N Caroline St
Remarks	

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3494

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 5th 1875
4. Place of Birth (Street and Number) 109 Pine street
5. Full Name of Mother Anna Catherine Augusta Meyer
6. Mother's Maiden Name do , do do Briel
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry William August Meyer
9. Father's Occupation Bank Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dunkerlee Schroter

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3495

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	5th June 1875
4. Place of Birth (Street and Number)	#177 North Cary Street
5. Full Name of Mother	Loudie Lyons Jacobs
6. Mother's Maiden Name	Loudie Lyons
7. Mother's Birthplace	Columbia S. Co.
8. Full Name of Father	Frederick Calhoun Jacobs
9. Father's Occupation	Public Weigher
10. Father's Birthplace	Charleston S. C.
Name of Medical Attendant, or other Person who makes this Return.	F. J. Miles. M. D.
Address	14 Cathedral St
Remarks	

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 6 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 5th June 1875
4. Place of Birth (Street and Number) Balto: 390 Enlaw Place
5. Full Name of Mother Alice Burn Blackford
6. Mother's Maiden Name Alice Burn Steemberger
7. Mother's Birthplace New York
8. Full Name of Father William Hill Blackford
9. Father's Occupation Life Ins: Agt
10. Father's Birthplace Lynchburg

Name of Medical Attendant, or other Person who makes this Return. Dr. F. Donaldson

Address 108 Park Ave

Remarks Balto.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 5th 1875
4. *Place of Birth (Street and Number)* N 20 Multberry St
5. *Full Name of Mother* Matilda Cortaggini
6. *Mother's Maiden Name* Matilda Rebva
7. *Mother's Birthplace* Rome Italy
8. *Full Name of Father* Phillipo Cortaggini
9. *Father's Occupation* Artist
10. *Father's Birthplace* Rome Italy

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address N 114 Park Avenue.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

14 3498

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (~~state whether Male or Female~~)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 5 — 1875 3 A. M
4. *Place of Birth (Stree and Number)* 138 Lombard St Balto City
5. *Full Name of Mother* Mrs Catharine Colbert
6. *Mother's Maiden Name* Catharine Phillips
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Nicholas P. Colbert
9. *Father's Occupation* Sea Captain
10. *Father's Birthplace* Malma Sweden

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3499 1875

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (~~state whether Male or~~ Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 5th 1875 1 45 P. M.
4. Place of Birth (Stree and Number) 62 S. Ann St. Balto
5. Full Name of Mother Sarah Elizabeth Keyo
6. Mother's Maiden Name Sarah Elizabeth Lair
7. Mother's Birthplace Balto City
8. Full Name of Father William Wesley Keyo
9. Father's Occupation Brass Finisher
10. Father's Birthplace Dorchester Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 199 E. Balto St City

Remarks

3509.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) One

1. *Sex (state whether Male or Female)* ~~Colored~~ Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 5th of June 1875
4. *Place of Birth (Street and Number)* Baltimore 104 Cider Alley
5. *Full Name of Mother* S A Wills
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Ells
9. *Father's Occupation* Potes in a Store
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cathrine Lawyer

Address 214 Dover St Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3501

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Dinah
1. Sex (state whether Male or Female)	Female — Margaret Esdale Delaney
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5th 1875
4. Place of Birth (Street and Number)	369 W Mulberry St
5. Full Name of Mother	Amelia R. DeLaney
6. Mother's Maiden Name	" " Kennedy
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Henry L DeLaney
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Jos. E. Clayton MD
Address	185 Eutaw St
Remarks	First name added by brother upon applying for a transcript.

Arthur DeLaney Brother

R E Helm - Birth Index Clerk

July 28 - 1928

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2. d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5
4. Place of Birth (Street and Number)	No 105 Low st
5. Full Name of Mother	Louisa Bornshire
6. Mother's Maiden Name	" Kalb
7. Mother's Birthplace	Hessen
8. Full Name of Father	L. William Bornshire
9. Father's Occupation	Tailor
10. Father's Birthplace	Hessen
Name of Medical Attendant, or other Person who makes this Return.	Sophia Lieman
Address	No 70 Granby st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) M
2. Race or Color (if not of the white race) W
3. Date of Birth June 6 1875
4. Place of Birth (Street and Number) 979 Meats Ct
5. Full Name of Mother Mary Day
6. Mother's Maiden Name " Reeves
7. Mother's Birthplace Balto
8. Full Name of Father Alfred Day
9. Father's Occupation Merchant
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Richardson & Sherry Mc

Address 189 N Howard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3504

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 7th 1875

HEALTH DEPARTMENT JUN 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 6th 1875.
4. Place of Birth (Street and Number) No 221 Register Street
5. Full Name of Mother Lizzie Robinson
6. Mother's Maiden Name Lizzie Reinick.
7. Mother's Birthplace America
8. Full Name of Father Charles Robinson
9. Father's Occupation Laborer
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137, S. Wolfe St.

Remarks —

—

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3505

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN
1915
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jun 6, 15.
4. *Place of Birth (Street and Number)* 222 Lumbert St
5. *Full Name of Mother* Laura Batsdlor
6. *Mother's Maiden Name* Rollin
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Ben Batsdlor
9. *Father's Occupation* Saelmaeker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burdmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3306

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 10 1975 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jun 6. 75
4. *Place of Birth (Street and Number)* 373 Orleans St
5. *Full Name of Mother* Abelone Schonig
6. *Mother's Maiden Name* Radtke
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Josef Schonig
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burkmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 6 g Born June the 6th
4. Place of Birth (Street and Number) Central Avenue
5. Full Name of Mother ~~Central Avenue~~ ~~Ha~~ Margretha Belz
6. Mother's Maiden Name ~~Maggreht Belz~~ Margretha Simon
7. Mother's Birthplace gebürtig aus Strötzlach Leinen
8. Full Name of Father John Belz
9. Father's Occupation Böker
10. Father's Birthplace gebürtig aus Uttrichshausen Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Walbruger Müller

Address Stirling St No 165

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Jun 6. 75
4. Place of Birth (Street and Number) 46 Essex St
5. Full Name of Mother Magret Friedrich
6. Mother's Maiden Name Weith
7. Mother's Birthplace Germanie
8. Full Name of Father Lenhard Friedrich
9. Father's Occupation Leboror
10. Father's Birthplace Gerin

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3509

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10. 2.

1. Sex (state whether Male or Female) Männlich.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 6. Juni 1875.
4. Place of Birth (Street and Number) 12. Canton Ave.
5. Full Name of Mother Elisabeth Schipling
6. Mother's Maiden Name Saumann.
7. Mother's Birthplace Großherzogthum Baden.
8. Full Name of Father Georg Schipling
9. Father's Occupation Tagelöhner
10. Father's Birthplace Baiern.

Name of Medical Attendant, or other Person who makes this Return. Anna Riemmen.

Address 118 Curley Street.

Remarks

3810

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) mulatto.
3. *Date of Birth* 9. 6. June 1875.
4. *Place of Birth* (Street and Number) Canton. Fleuton Street.
5. *Full Name of Mother* Marie Morye.
6. *Mother's Maiden Name* Spurgelage.
7. *Mother's Birthplace* Baltemore.
8. *Full Name of Father* Andreas Morye.
9. *Father's Occupation* Waiter.
10. *Father's Birthplace* Md. Caroline.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmon.

Address 118. Carlei Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3871

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 6th 1873

4. Place of Birth (Street and Number) Baltimore Richmond St. No 122

5. Full Name of Mother Catharine Smith

6. Mother's Maiden Name Brannan

7. Mother's Birthplace Baltimore

8. Full Name of Father David Smith

9. Father's Occupation Painter

10. Father's Birthplace Richmond

Name of Medical Attendant, or other Person who makes this Return. Thos. C. Mitchell

Address No 38 Parkin st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3512

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6th 75
4. Place of Birth (Street and Number)	# 19 S. Wolfe St.
5. Full Name of Mother	Margaretha Schmidt
6. Mother's Maiden Name	Margaretha Schmidt
7. Mother's Birthplace	Hochstadt Bavaria
8. Full Name of Father	George Schmidt
9. Father's Occupation	Laborer
10. Father's Birthplace	Steinau Baden
Name of Medical Attendant, or other Person who makes this Return.	Maria Liderer
Address	19 S. Durham St.
Remarks	

3519

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* June 6

4. *Place of Birth* (Street and Number) 29 S. Wolf St

5. *Full Name of Mother* Ana Maria Ruppel

6. *Mother's Maiden Name* " " Klaus

7. *Mother's Birthplace* Germanny

8. *Full Name of Father* Leopold Ruppel

9. *Father's Occupation* Tailor

10. *Father's Birthplace* Germanny

Name of Medical Attendant, or other Person who makes this Return. G. Hiller

Address 151 E Pratt St.

Remarks

ject Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

35714

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* June 6th 1875

4. *Place of Birth* (Street and Number) 21 York holm Street

5. *Full Name of Mother* Ellen Shamleffer

6. *Mother's Maiden Name* Ellen Smith

7. *Mother's Birthplace* York Pa

8. *Full Name of Father* George H Shamleffer

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Dorothy Brune

Address 174 Bolton St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex (state whether Male or Female) healthy male
2. Race or Color (if not of the white race) colloered
3. Date of Birth 6th ~~[illegible]~~
4. Place of Birth (Street and Number) 21 harmony lane
5. Full Name of Mother hariet richey
6. Mother's Maiden Name hariet richey
7. Mother's Birthplace baltimore
8. Full Name of Father nelson logan
9. Father's Occupation hod carzer
10. Father's Birthplace carrol county

Name of Medical Attendant, or other Person who makes this Return: Lyd ia somerville

Address 19 clinton avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN. 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Withe
3. Date of Birth 6 of June
4. Place of Birth (Street and Number) No. 410 Hanover. St,
5. Full Name of Mother Ann Okrin
6. Mother's Maiden Name Ann Hanly.
7. Mother's Birthplace Co Golway
8. Full Name of Father John Okrin
9. Father's Occupation Laber
10. Father's Birthplace Irland.

Name of Medical Attendant, or other Person who makes this Return. Mrs Martin

Address West. St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 of June
4. Place of Birth (Street and Number)	No. 4 Kaufmans alley
5. Full Name of Mother	Margret Kerry
6. Mother's Maiden Name	Margret Hanly
7. Mother's Birthplace	Co Galway
8. Full Name of Father	Martin Kerry
9. Father's Occupation	Laber
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St. No. 928
Remarks	

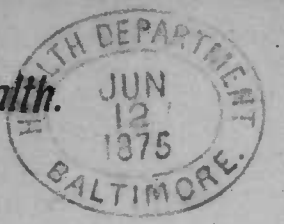
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3518

RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 6th 1875
4. *Place of Birth (Street and Number)* No 124 West Madison St.
5. *Full Name of Mother* Christiana Lb
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ernst Schlipter
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Billegeist

Address No 62 Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3519

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) This is the second one

1. Sex (state whether Male or Female) it is a male
2. Race or Color (if not of the white race) affin ricl of calor
3. Date of Birth Wash born nine o'clock sunday night 6 Jun 1875
4. Place of Birth (Street and Number) number 55 forrest street
5. Full Name of Mother
6. Mother's Maiden Name Celar Gross
7. Mother's Birthplace Barn in the state of Baltimore Md
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Ad line gross

Address it Wass born sick an still remain

Remarks sick

3529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June 6th 75
4. Place of Birth (Street and Number) 39 S Paca St
5. Full Name of Mother Sarah I Fillinger
6. Mother's Maiden Name Gise
7. Mother's Birthplace Penn
8. Full Name of Father James Lewis Fillinger
9. Father's Occupation Restaurateur
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Cuney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June 6th 75.
4. Place of Birth (Street and Number) 164 Conway
5. Full Name of Mother Rachel Leonard
6. Mother's Maiden Name Thomas
7. Mother's Birthplace New Jersey
8. Full Name of Father George T Leonard
9. Father's Occupation Clerk
10. Father's Birthplace New Jersey

Name of Medical Attendant, or other Person who makes this Return. J H Conway

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating, distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3522

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

forts

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 of June 75

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) ~~416 W Fayette St~~
3. Date of Birth 416 W Fayette St
4. Place of Birth (Street and Number)
5. Full Name of Mother Liese Mihm
6. Mother's Maiden Name birth bleas Mitr
7. Mother's Birthplace
8. Full Name of Father Peter Schmitt
9. Father's Occupation Baker
10. Father's Birthplace Birthplease Melsungen

Name of Medical Attendant, or other Person who makes this Return.

Address Anna D Dumler do E O Schröter

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) colored

3. Date of Birth June 6

4. Place of Birth (Street and Number) 34 st Paul st

5. Full Name of Mother Mandy young

6. Mother's Maiden Name unMarried

7. Mother's Birthplace talbert Co Md

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address Short st 32

Remarks [illegible] Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

35211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second -

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White -
3. *Date of Birth* June 6th 1875
4. *Place of Birth (Street and Number)* 65 Boyd St -
5. *Full Name of Mother* Rachel Oneil -
6. *Mother's Maiden Name* Rachel Downey -
7. *Mother's Birthplace* North Carolina -
8. *Full Name of Father* Stephen J Oneil -
9. *Father's Occupation* Moulder.
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. W S Requier MD

Address 845 W Balto St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born: its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3525

HEALTH DEPARTMENT
JUNE
2
1896
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) 96 White

3. Date of Birth June 6. 1896

4. Place of Birth (Street and Number) Penn. Avenue

5. Full Name of Mother Catharine Wile

6. Mother's Maiden Name Catharine Kelley

7. Mother's Birthplace Balt. City

8. Full Name of Father Andrew Wile

9 Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Martin Brewer M.D

Address 201 W. Biddle St.

Remarks

3526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 any fair day

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colord
3. Date of Birth June the 6
4. Place of Birth (Street and Number) reaseis aly 12
5. Full Name of Mother Magy chofeab
6. Mother's Maiden Name Magy dasis
7. Mother's Birthplace easton schow
8. Full Name of Father Edward davis
9. Father's Occupation brickyara Wheatler
10. Father's Birthplace in the city

Name of Medical Attendant, or other Person who makes this Return. May an doesy

Address fise dollrs

Remarks henrnala st 177

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3527

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (~~state whether~~ Male or ~~Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 7th June 1875
4. *Place of Birth (Street and Number)* 25 N. Gilmor St
5. *Full Name of Mother* Sarah Duckhart Reid
6. *Mother's Maiden Name* Sarah Duckhart Townsend
7. *Mother's Birthplace* Pa
8. *Full Name of Father* Chas Davis Reid
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Geo H. Taylor

Address #1 Waverley Terrace

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3528

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Balto June 1
1. Sex (state whether Male or Female)	Female 3 Child
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th June
4. Place of Birth (Street and Number)	Gay St 513
5. Full Name of Mother	Helen Madona Deppish
6. Mother's Maiden Name	Helen Madona Farids
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Deppish
9. Father's Occupation	Tiner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Vasula S Chassmer
Address	121 E. Monument St.
Remarks	Baltimore City

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 7th 1875.
4. Place of Birth (Street and Number)	68 S. Eutaw.
5. Full Name of Mother	Louisa Wallas.
6. Mother's Maiden Name	Louisa Fulks.
7. Mother's Birthplace	Germany
8. Full Name of Father	John W. Wallas
9. Father's Occupation	Restaurant keeper.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Samuel S. Knight M.D.
Address	112 N. Greene St.
Remarks	

RETURN OF A BIRTH.

9530

HEALTH DEPARTMENT JUN 9 1 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 7th 1875.
4. Place of Birth (Street and Number)	No. 609 Penna. Avenue
5. Full Name of Mother	Mary Bryson Brown
6. Mother's Maiden Name	Mary Bryson McCoy
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joshua Vinton Brown
9. Father's Occupation	Tinner.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St. Baltimore
Remarks	Face Presentation. Long, tedious Labor.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* June 7th 75
4. *Place of Birth (Street and Number)* 259 Orleans St
5. *Full Name of Mother* Lisebeth Howard
6. *Mother's Maiden Name* Do
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Cant Say
9. *Father's Occupation* Cant Say
10. *Father's Birthplace* Cant Say

Name of Medical Attendant, or other Person who makes this Return. Susinday Woolford midwife

Address 130 Register St Baltimore Md

Remarks Mary fine Child and Grand for

RETURN OF A BIRTH.

3532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1875
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 7th 1875
4. Place of Birth (Street and Number) No 225 Linden Avenue
5. Full Name of Mother Rosalie Strauss
6. Mother's Maiden Name R. Ellinger
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Solomon Strauss
9. Father's Occupation Malster
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Womble M.D.

Address No 203 N. Lombard St.

Remarks Baltimore Md

3533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) American.
3. Date of Birth June 7
4. Place of Birth (Street and Number) Lombard St No 114
5. Full Name of Mother Marie Roessler
6. Mother's Maiden Name Marie Schweiger
7. Mother's Birthplace Swaben Bucks
8. Full Name of Father William Roessler
9. Father's Occupation Restaurant
10. Father's Birthplace Bavyrs Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulbig

Address No 48 Holland St Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

35311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 7th 1875
4. Place of Birth (Street and Number) West Fayette St no 800
5. Full Name of Mother Carie Kerngood
6. Mother's Maiden Name — Mandelbaum
7. Mother's Birthplace Virginia
8. Full Name of Father Wm Kerngood
9. Father's Occupation Merchant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. S. T. Knight M.D.

Address 112 N Greene St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored.
3. Date of Birth 7th June 1876.
4. Place of Birth (Street and Number) No 144 South Caroline St.
5. Full Name of Mother Harrett Harris.
6. Mother's Maiden Name Harrett Brayan.
7. Mother's Birthplace Frederick County Md.
8. Full Name of Father John H. Harris.
9. Father's Occupation Caulker
10. Father's Birthplace Talbot County Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 126 N. Caroline St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 9th
4. Place of Birth (Street and Number)	No 11 Kelly St
5. Full Name of Mother	Maria Hubert
6. Mother's Maiden Name	Boocher
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Hubert
9. Father's Occupation	Baltimore
10. Father's Birthplace	Sailor
Name of Medical Attendant, or other Person who makes this Return.	Mary Keck
Address	828 S Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3537

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* June 7th
4. *Place of Birth (Street and Number)* 54. East. Street
5. *Full Name of Mother* Linnea Ellis
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Dorchester Co Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Maria Gordon Mid Wife

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 7th 1875
4. Place of Birth (Street and Number) No 41 Saratoga St.
5. Full Name of Mother Augusta Crone
6. Mother's Maiden Name
7. Mother's Birthplace Germany
8. Full Name of Father Goswen Beckmann
9. Father's Occupation Tavern
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address No 182 Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Jany 7th
4. Place of Birth (Street and Number) 235 Canton Av
5. Full Name of Mother Auguste Snow
6. Mother's Maiden Name Auguste Quatmann
7. Mother's Birthplace Baltimore
8. Full Name of Father Christof Snow
9. Father's Occupation Seemann
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S Pond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 7
4. Place of Birth (Street and Number) Baltimore Newbury aly No 52
5. Full Name of Mother Mrs Shiffeld
6. Mother's Maiden Name Kate Hass
7. Mother's Birthplace Baltimore county
8. Full Name of Father Sam Shiffeld
9. Father's Occupation blacksmith by trade & City Contractor
10. Father's Birthplace Henry County Va.

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address West Lovett Pl. 439.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

36111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	4th day of June, 1875
4. Place of Birth (Street and Number)	No 17 East St
5. Full Name of Mother	Cecelia Mitchell
6. Mother's Maiden Name	Cecilia Thomas
7. Mother's Birthplace	Charles Co Md
8. Full Name of Father	Adam Mitchell
9. Father's Occupation	Wheelwright
10. Father's Birthplace	Loudan Co Va
Name of Medical Attendant, or other Person who makes this Return.	Sophie Hines
Address	133 Chestnut st Balto Md.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 7th 1875
4. *Place of Birth (Street and Number)* 225 Linden Avenue
5. *Full Name of Mother* Mrs Solomon Strauss
6. *Mother's Maiden Name* ———
7. *Mother's Birthplace* ———
8. *Full Name of Father* Solomon Strauss
9. *Father's Occupation* Maltster, Central Avenue & Fawn Street.
10. *Father's Birthplace* ———

Name of Medical Attendant, or other Person who makes this Return. J. B. B. Browne M. D.

Address No 307 Madison Avenue

Remarks After delivery the case was turned over to Dr P. M. Womble, the Family Physician —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3543

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Collored
3. *Date of Birth* June. 7
4. *Place of Birth (Street and Number)* Baltimore harmony lane 4 2
5. *Full Name of Mother* Mary Joanner Boston
6. *Mother's Maiden Name* Mary Janner Bowen
7. *Mother's Birthplace* Montgomery Cont Mo I
8. *Full Name of Father* Jaems Boston
9. *Father's Occupation* White Whasher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mid wife Chalote warren woman

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

36111

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)	Second
1. Sex (~~state whether Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 7th 1875.
4. Place of Birth (Street and Number)	175 Hoffman Street
5. Full Name of Mother	Mary Emma Boggs
6. Mother's Maiden Name	Mary Emma Bard
7. Mother's Birthplace	Allegheny City — Pa.
8. Full Name of Father	A. L. Boggs
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. P. Middleton M. D.
Address	146 Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

33113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1895 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 7th 1895.
4. Place of Birth (Street and Number)	# 129 Lancaster St. F. P.
5. Full Name of Mother	Lizzie James Tolley.
6. Mother's Maiden Name	Lizzie James.
7. Mother's Birthplace	America
8. Full Name of Father	John Tolley.
9. Father's Occupation	Ship carpenter.
10. Father's Birthplace	America.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	# 178 S. Chapple St. F. P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 7th 1875.
4. Place of Birth (Street and Number)	~~Anna~~ #186 S Chapel St. F.P.
5. Full Name of Mother	Anna Müller
6. Mother's Maiden Name	Anna Richter
7. Mother's Birthplace	Germany
8. Full Name of Father	Frank Müller
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	#178 S Chapel St. F.P.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3547

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth June 7th 1875
4. Place of Birth (Street and Number) No. 104 Lemmon St. W. of Monroe
5. Full Name of Mother Mary Elen McNabb
6. Mother's Maiden Name " " Graham
7. Mother's Birthplace Baltimore
8. Full Name of Father Albert McNabb
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Mrs Lindner

Address No 45 South Monroe

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9548

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 7th 1875

4. Place of Birth (Street and Number) N 358 Madison Avenue

5. Full Name of Mother Mary J. Maughlin

6. Mother's Maiden Name Mary J. Reinhart

7. Mother's Birthplace Allegany Co. Maryland

8. Full Name of Father W. W. Maughlin Jr.

9. Father's Occupation Lumber Dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address N 114 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3549

HEALTH DEPARTMENT
JUN 19 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 7th 1875
4. Place of Birth (Street and Number)	318 W Lombard St
5. Full Name of Mother	Emma J Benner
6. Mother's Maiden Name	" " Dill
7. Mother's Birthplace	Balto City Md
8. Full Name of Father	Francis Benner
9. Father's Occupation	Chf Clerk B&O R R Co
10. Father's Birthplace	Kerry Co Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dr: E. Clayton Md
Address	18 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3559

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 7
4. *Place of Birth (Street and Number)* No 54 Chaffple st
5. *Full Name of Mother* Susenna Sieman
6. *Mother's Maiden Name* " Smith
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Williams Sieman
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Sieman

Address No 70 Granby st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9551

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 8th 1875.
4. Place of Birth (Street and Number)	96 N. Schroeder St.
5. Full Name of Mother	Isabel McHarry
6. Mother's Maiden Name	Isabel Jamison
7. Mother's Birthplace	Balto. City
8. Full Name of Father	William McHarry
9. Father's Occupation	Keeper of a Restaurant.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	June 8 1875
4. *Place of Birth (Street and Number)*	54 ~~82~~ Hamburg
5. *Full Name of Mother*	Mary Clark
6. *Mother's Maiden Name*	Mary Turpin
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	David Clark
9. *Father's Occupation*	Carriken
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. W. Webster
Address	57 Barrett
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3333

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 8th
4. Place of Birth (Street and Number)	Baltimore. Md. York st. No. 91
5. Full Name of Mother	Martha Lecount
6. Mother's Maiden Name	Martha Summers
7. Mother's Birthplace	Somerset County Va.
8. Full Name of Father	James Lecount
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizebeth Scarborough
Address	No. 202 S. Charles St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3554

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 8th 75
4. *Place of Birth (Street and Number)* 242 & Paca St
5. *Full Name of Mother* Ellen Wirts
6. *Mother's Maiden Name* Loney
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* William Wirts
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this Return. T McInerney

Address 76 & Paca St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Eighth of June 1875

4. Place of Birth (Street and Number) No 422 W Lombard St

5. Full Name of Mother Marie Wissig

6. Mother's Maiden Name Maria Bernheimer

7. Mother's Birthplace Baltimore

8. Full Name of Father George Wissig

9. Father's Occupation Furrier

10. Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. B. F. Herman

Address No 5 8th Carrollton Ave

Remarks Circumstances over which I had no Control prevented me from sending this in earlier

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth th 8 of June

4. Place of Birth (Street and Number) Jefferson Street Court No 7

5. Full Name of Mother Mary Lily Jones

6. Mother's Maiden Name Mary L Jones

7. Mother's Birthplace Baltimore County

8. Full Name of Father John Henry Jones

9. Father's Occupation Labor on the Wharf

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address No 70 Chesnut Street

Remarks Mother and Child doing well

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3557

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 8 June
4. Place of Birth (Street and Number) Eager St Baltimore No 234
5. Full Name of Mother Kathen Zerhusen
6. Mother's Maiden Name Kathan Streb
7. Mother's Birthplace aus Altmithan Kurhessen
8. Full Name of Father Henry Zerhusen
9. Father's Occupation Cigar Macher
10. Father's Birthplace aus Lohne Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Walburger Müller

Address Sterling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3555

HEALTH DEPARTMENT JUL 5 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 8th 1875.
4. *Place of Birth (Street and Number)* 102 Townsend St
5. *Full Name of Mother* Mary Bark
6. *Mother's Maiden Name* Mary Kerr
7. *Mother's Birthplace* Frederick Co. Md.
8. *Full Name of Father* E. H. Bark
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. W. Miller Bergen M.D.

Address 121 W. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

No. 3559

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (~~state whether Male or~~ Female)* Girl.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 8th 1875 6 50/11 A. M
4. *Place of Birth (Street and Number)* 45 S. Wolf St Balto City
5. *Full Name of Mother* Mrs Josephine Seales
6. *Mother's Maiden Name* Josephine E Porter
7. *Mother's Birthplace* Adams Co. Penn.
8. *Full Name of Father* James Seales
9. *Father's Occupation* Hatter
10. *Father's Birthplace* Kent Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M D

Address 299 E. Balto St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9560

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* ~~No 127 Central Ave~~ June 8th
4. *Place of Birth (Street and Number)* 127 Central Ave
5. *Full Name of Mother* Ann Virginia Santer
6. *Mother's Maiden Name* " " Dudley
7. *Mother's Birthplace* Alexandria Va.
8. *Full Name of Father* Charles Santer
9. *Father's Occupation* Candy Maker
10. *Father's Birthplace* Balt City

Name of Medical Attendant, or other Person who makes this Return. H. H. White M.D.

Address 350 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9561

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth June 8

4. Place of Birth (Street and Number) no 9 Chapple st

5. Full Name of Mother Mary Williams

6. Mother's Maiden Name Mary Wynn

7. Mother's Birthplace Baltimore

8. Full Name of Father George Williams

9. Father's Occupation Coal carrier

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Johnson

Address no 32 west st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) a healthy female

2. Race or Color (if not of the white race) colored

3. Date of Birth 5th of June

4. Place of Birth (Street and Number) 42 Preston st

5. Full Name of Mother Caroline Linda

6. Mother's Maiden Name Caroline Thomson

7. Mother's Birthplace baltimore

8. Full Name of Father Benjamine Linda

9. Father's Occupation seaman

10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth June 9th
4. Place of Birth (Street and Number) Hannover street 11½.
5. Full Name of Mother ~~Wilhelmine~~ ~~Rodwig~~ Wilhelmine Johnart
6. Mother's Maiden Name Wilhelmine Rodwig
7. Mother's Birthplace ~~Eulin H.~~ Roldimore.
8. Full Name of Father August Johnart
9. Father's Occupation Roksmaker
10. Father's Birthplace Eulin, H.

Name of Medical Attendant, or other Person who makes this Return. A Gerstenberg.

Address 104 Columbia st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth June 9th 1875
4. Place of Birth (Street and Number) 180 Orchard St
5. Full Name of Mother Elizabeth Stewart
6. Mother's Maiden Name Elizabeth
7. Mother's Birthplace Balto
8. Full Name of Father Lloyd Stewart
9. Father's Occupation Drayman
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. C Winslow

Address 23 McCulloh St

Remarks Premature twin Birth Balto

at 6 mos, Died in about 15 minutes

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3553
3563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	9th June 1875.
4. Place of Birth (Street and Number)	36 Granbery Ste.
5. Full Name of Mother	Emily Weit
6. Mother's Maiden Name	Luthold.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Robert Weit
9. Father's Occupation	Taylor
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard Ste.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d,~~ &c.) .....

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 9th of June 1875
4. *Place of Birth (Street and Number)* 72 Harrison Street
5. *Full Name of Mother* Victoria Pfarr
6. *Mother's Maiden Name* Victoria Weinbrod
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Pfarr
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Barbara Reitz

Address No 40 E Fayette Street

Remarks .....

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3567

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTH. DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	German Decent
3. Date of Birth	9th of June
4. Place of Birth (Street and Number)	N. 530 North Gay St.
5. Full Name of Mother	Mary Elisebeth Brösing
6. Mother's Maiden Name	Teller
7. Mother's Birthplace	Hannover Germane
8. Full Name of Father	Bernhard Henry Brösing
9. Father's Occupation	Booth & Shoe Maker
10. Father's Birthplace	Oldenburg Germane
Name of Medical Attendant, or other Person who makes this Return.	Ursula S Chrismer
Address	127 E Monument St
Remarks	Baltimore City

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3568

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth June 9th 1875
4. Place of Birth (Street and Number) 180 Orchard St
5. Full Name of Mother Elizabeth Stewart
6. Mother's Maiden Name Elizabeth
7. Mother's Birthplace Balto
8. Full Name of Father Loyd Stewart
9. Father's Occupation Dragman
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. C. Winslow

Address 23 McCulloh St

Remarks Premature twin birth at 6 mos -

Died in about 15 minutes

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTIMORE HEALTH DEPARTMENT JUN 11 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white.
3. Date of Birth	June 9th 1875
4. Place of Birth (Street and Number)	257 Mulberry Hill.
5. Full Name of Mother	Louisa Broessel
6. Mother's Maiden Name	L. List.
7. Mother's Birthplace	Marburg Germany
8. Full Name of Father	Justus Broessel
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wenzel
Address	56 Pearl Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3376

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 9 75
4. *Place of Birth (Street and Number)* 191 Pratt St
5. *Full Name of Mother* Anna Wendel
6. *Mother's Maiden Name* " Schaumloffel
7. *Mother's Birthplace* Germa
8. *Full Name of Father* Adam Wendel
9. *Father's Occupation* Dryer
10. *Father's Birthplace* Germa

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th.

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) White

Date of Birth June 9th

Place of Birth (Street and Number) 285 Druid Hill Avenue,

Full Name of Mother Mary Ellen Herlich.

Mother's Maiden Name " " Shea.

Mother's Birthplace Baltimore Md.

Full Name of Father Wm. A. Herlich,

Father's Occupation Gentleman

Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Jno Morris

Address 5 Franklin St,

Remarks

RETURN OF A BIRTH.

3572

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether Male or Female) Male

Race or Color (if not of the white race) White

Date of Birth June 9th

Place of Birth (Street and Number) Cor Pratt & Hanover Sts (S. W Cor)

Full Name of Mother Elizabeth Waterhouse Owings

Mother's Maiden Name " " Schofield

Mother's Birthplace Baltimore

Full Name of Father [redacted] Wallace Owings

Father's Occupation Planter

Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. John Morris

Address S. Franklin St.

Remarks

3573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June 9th 1875
4. Place of Birth (Street and Number) 133 Scott St
5. Full Name of Mother Grace Ann Ballard
6. Mother's Maiden Name Freeman
7. Mother's Birthplace Lancaster Penn
8. Full Name of Father Melville Ballard
9. Father's Occupation Mute Educator
10. Father's Birthplace Maine

Name of Medical Attendant, or other Person who makes this Return. I. H. Cerney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June 9th 75
4. Place of Birth (Street and Number) 75 Warner st
5. Full Name of Mother Emma L. Reynolds
6. Mother's Maiden Name Cadwalader
7. Mother's Birthplace Balto city
8. Full Name of Father Stephen Reynolds
9. Father's Occupation Labour
10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. J H Cunney

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	June 9th
4. Place of Birth (Street and Number)	Baltimore County
5. Full Name of Mother	Lini Byerlin
6. Mother's Maiden Name	Lini Jager
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Georg Byerlin
9. Father's Occupation	Dairyman
10. Father's Birthplace	Germani
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Sinclair
Address	No 29 Monroe St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th of June.
4. Place of Birth (Street and Number)	Dover near Monroe St
5. Full Name of Mother	Mary Foley
6. Mother's Maiden Name	Mary Mullen
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Foley
9. Father's Occupation	Laborer at Mt Clare Shops
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	M. J. Leman
Address	380 West McHenry St.
Remarks	Strong health child

B.O.B.P.

Extract Regulations of the Board of Health to Secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3577

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 9th 15.

4. Place of Birth (Street and Number) 32 E. Bond St.

5. Full Name of Mother Evelina Gursch.

6. Mother's Maiden Name " Hartman.

7. Mother's Birthplace Pennsylvania.

8. Full Name of Father Henry Gursch.

9 Father's Occupation Carpenter.

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger.

Address 134 E. Bond St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3578

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June the 9th

4. Place of Birth (Street and Number) 22 South Gustav Street

5. Full Name of Mother Johanna Guenaman

6. Mother's Maiden Name Stieves

7. Mother's Birthplace Oldenburg

8. Full Name of Father Julius Guenaman

9. Father's Occupation Barbeper

10. Father's Birthplace Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Boonby Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3579

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4 th children
1. *Sex (state whether Male or Female)*	Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	born the 9th of June 1875
4. *Place of Birth (Street and Number)*	77 North Chapel st
5. *Full Name of Mother*	Mary Kraft
6. *Mother's Maiden Name*	Mary Kraft
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Jno Kraft
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr Caventia Kunkel
Address	77 North Chapel st per Jno Kunkel
Remarks	Healthy

3580

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 9th of June 1875
4. Place of Birth (Street and Number) 65 N. Chapel Street
5. Full Name of Mother Barbara Duerbeck
6. Mother's Maiden Name Fessler
7. Mother's Birthplace Augsburg (Bavaria)
8. Full Name of Father George Duerbeck
9. Father's Occupation Tailor
10. Father's Birthplace Reddenbach (Bavaria)

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. Mathieu, M.D.
245 E. Baltimore

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jun 9. 75
4. *Place of Birth (Street and Number)*	3 N Chapel St
5. *Full Name of Mother*	Kunigunde Hupfer
6. *Mother's Maiden Name*	Gaetz
7. *Mother's Birthplace*	Germanie
8. *Full Name of Father*	John Hupfer
9. *Father's Occupation*	Tayler
10. *Father's Birthplace*	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burchmann
Address	120 Bank St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3582

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eighth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 9th 1875
4. *Place of Birth (Street and Number)* 67. N. Front
5. *Full Name of Mother* Mary Ann Mc. Garity
6. *Mother's Maiden Name* " " Corrigan
7. *Mother's Birthplace* Balto. city
8. *Full Name of Father* Bernard William Mc. Garity
9. *Father's Occupation* Lawmaker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschund

Address 27. N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) American
3. Date of Birth June 9th 1875
4. Place of Birth (Street and Number) Cr Pine E George St No 162
5. Full Name of Mother ~~Gustav Baldus~~ Minora S
6. Mother's Maiden Name Minora S Stevens Baldus
7. Mother's Birthplace Massachusets
8. Full Name of Father Gustav Baldus
9. Father's Occupation Cigar makker
10. Father's Birthplace ~~Cigar Makker~~ Balto Md

Name of Medical Attendant, or other Person who makes this Return. Rose Ulbig

Address No 48 Holland St Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3584

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 9th
4. Place of Birth (Street and Number) Federal St. No. 4
5. Full Name of Mother Elizabeth Cullison
6. Mother's Maiden Name Elizabeth Rowe
7. Mother's Birthplace Baltimore
8. Full Name of Father Alfred Cullison
9. Father's Occupation Stone Cutter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address No. 369 Cathedral St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 9.
4. Place of Birth (Street and Number)	No ~~70~~ 45 Granby st
5. Full Name of Mother	Matilda Straus
6. Mother's Maiden Name	Matilda Mummert
7. Mother's Birthplace	Glenrock York County
8. Full Name of Father	William Straus
9. Father's Occupation	None
10. Father's Birthplace	St Lewis
Name of Medical Attendant, or other Person who makes this Return.	Sophia Lieman
Address	Do 70 Granby st.
Remarks	This child lived 4 days & died June 14th 1875

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3586

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 9th /75
4. Place of Birth (Street and Number)	# 160 Hudson St.
5. Full Name of Mother	Ida Roselle Mahart
6. Mother's Maiden Name	Ida Roselle Rogers
7. Mother's Birthplace	Lancaster County Pa
8. Full Name of Father	William James Mahart
9. Father's Occupation	Machinist
10. Father's Birthplace	Lancaster County Pa
Name of Medical Attendant, or other Person who makes this Return.	Rachel H. Garrett
Address	# 31 Luzerne St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 9th 1876
4. Place of Birth (Street and Number)	Ea. Eutaw & East Sts
5. Full Name of Mother	Mary Blondell
6. Mother's Maiden Name	Mary Todd
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John A. Blondell
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter
Address	111 Greenmount Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth June 9. 1875
4. Place of Birth (Street and Number) Est. Avenue No 324
5. Full Name of Mother Racmeikewitz Klein
6. Mother's Maiden Name Racmeikewitz Wort
7. Mother's Birthplace Possen City
8. Full Name of Father Emil Klein
9. Father's Occupation Warfarbeiter
10. Father's Birthplace Bromberg i Possen

Name of Medical Attendant, or other Person who makes this Return. Johanna Raupach

Address No 28 South Wolf str

Remarks Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* June 9th 1875.

4. *Place of Birth (Street and Number)* 312 William Street.

5. *Full Name of Mother* Susan A Layfield

6. *Mother's Maiden Name* Susan A McKready.

7. *Mother's Birthplace* Accomac County Va

8. *Full Name of Father* C E Layfield.

9. *Father's Occupation* Labor

10. *Father's Birthplace* A A. County Md.

Name of Medical Attendant, or other Person who makes this Return. C. Dorothea Briune.

Address 114 Baltimore St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3590

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 9. 1875
4. *Place of Birth* (Street and Number) Division Street No Number
5. *Full Name of Mother* Anna Keppel
6. *Mother's Maiden Name* Anna Marshek
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Keppel
9. *Father's Occupation* Carriage Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marburg Brown M.D.

Address 201 N. Bidale Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	June 10th 1875.
4. Place of Birth (Street and Number)	28 N Vincent alley
5. Full Name of Mother	Ann Mariah Mitchell
6. Mother's Maiden Name	Ann Mariah Faulbert
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thomas Henry Mitchel
9. Father's Occupation	Laborer
10. Father's Birthplace	Delaware
Name of Medical Attendant, or other Person who makes this Return.	H. H. Biddle
Address	University Hospital Cor Lomb & Green Sts City
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3592

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 10th
4. Place of Birth (Street and Number)	N.E. cor St Pauls & Pleasant sts
5. Full Name of Mother	Agnes I Miller
6. Mother's Maiden Name	Agnes I Owens
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Decatur Howard Miller Jr
9 Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 St Charles st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	10th June 1875
4. Place of Birth (Street and Number)	20 Caroline Str.
5. Full Name of Mother	Kate Panzenbeck
6. Mother's Maiden Name	" Vogler
7. Mother's Birthplace	Germany
8. Full Name of Father	John Panzenbeck
9. Father's Occupation	Ingeneer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard Str.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

35911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10 — 1875 —
4. Place of Birth (Street and Number)	118 N. Schroeder St.
5. Full Name of Mother	Elizabeth MacKabee Brown
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Samuel MacKabee
9. Father's Occupation	Machine turner of wood
10. Father's Birthplace	Anne Arundel Co. Maryland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3395

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 16 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th June 1875
4. *Place of Birth (Street and Number)* 29 N. Wolf St.
5. *Full Name of Mother* Mary Anna Kayler
6. *Mother's Maiden Name* Barnes
7. *Mother's Birthplace* State N. York
8. *Full Name of Father* Charles Kayler
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Dr. C. P. Bruns

Address 406 E. Balto. St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3596

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Whit

3. Date of Birth June 10th 1875

4. Place of Birth (Street and Number) Wanner Street, No 10 ½.

5. Full Name of Mother Ernestine Meier.

6. Mother's Maiden Name Ernestine Mueller.

7. Mother's Birthplace Alsfeld Germana.

8. Full Name of Father Henry Meier.

9 Father's Occupation Iron Safe maker

10. Father's Birthplace Cassel. Germana.

Name of Medical Attendant, or other Person who makes this Return.

Address Med. M. Streng.

Remarks No 32 Lieutenant Strat.

3597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 16 of June

4. *Place of Birth (Street and Number)* Monument Street 286

5. *Full Name of Mother* [redacted]

6. *Mother's Maiden Name* Elizabeth Price

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* [illegible]

9. *Father's Occupation* Farmer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. L Brendel

Address No 208 South Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) Collard
3. Date of Birth 10 of June
4. Place of Birth (Street and Number) Moat Street 18
5. Full Name of Mother Sarrah Stenson
6. Mother's Maiden Name Larry Wilson
7. Mother's Birthplace Baltimore City
8. Full Name of Father Chenez Paccar
9. Father's Occupation Frank Stenson
10. Father's Birthplace Cambridge

Name of Medical Attendant, or other Person who makes this Return. Rossetta Williams

Address No 70 Chesnut Street

Remarks Mother Child during Will

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3599

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	June 10 1875
4. *Place of Birth* (Street and Number)	256 Hanover
5. *Full Name of Mother*	Ella Behrens
6. *Mother's Maiden Name*	Ella Granger
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Behrens
9. *Father's Occupation*	Silver Plater
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. H. Webster
Address	57 Barnet
Remarks	

3609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	~~10th June 1875~~
3. Date of Birth	10th June 1875
4. Place of Birth (Street and Number)	820 W. Pratt St.
5. Full Name of Mother	Carrie Belle Cox
6. Mother's Maiden Name	Childs
7. Mother's Birthplace	Calvert Co., Md.
8. Full Name of Father	Walter Andrew Cox
9. Father's Occupation	Brakeman, B. & O. R.R.
10. Father's Birthplace	Prince George's Co., Md.
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	234 Hollins St.
Remarks	Physical Condition, good

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3601

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN. 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10th 1875
4. Place of Birth (Street and Number)	No 285 Hanover st.
5. Full Name of Mother	Cornelia Dadson.
6. Mother's Maiden Name	" Dadson.
7. Mother's Birthplace	John Dadson.
8. Full Name of Father	both from America.
9. Father's Occupation	Sailor
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrgasser midwife
Address	213 Cross st.
Remarks	

3602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth tenth of June
4. Place of Birth (Street and Number) 104 Somersett st
5. Full Name of Mother Mary A Reilly
6. Mother's Maiden Name Mary A Lanahan
7. Mother's Birthplace britten st
8. Full Name of Father Charles E Reilly
9. Father's Occupation car driver
10. Father's Birthplace granby st

Name of Medical Attendant, or other Person who makes this Return. Vreula S Chrismer

Address 129 E Monument St

Remarks Baltimore City

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3603

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 10th 1875
4. *Place of Birth* (Street and Number) No. 7 Cambridge st.
5. *Full Name of Mother* Mary Rosa Hathaway
6. *Mother's Maiden Name* M. Rosa Walstrum
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Warren F. Hathaway
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Robt. Mansfield M.D.

Address 117 S. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

36014

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 15 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10th 1875
4. Place of Birth (Street and Number)	280 Green Mt Avenue
5. Full Name of Mother	Ann Maria Brown
6. Mother's Maiden Name	" " Cassidy
7. Mother's Birthplace	Roscommon Ireland
8. Full Name of Father	James L. Brown
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Philip C. Williams
Address	201 Madison Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sit Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 10 of June
4. Place of Birth (Street and Number) No 17 Baker Court
5. Full Name of Mother Mollie Kertzter
6. Mother's Maiden Name Mollie Tressel
7. Mother's Birthplace in germany
8. Full Name of Father John Kertzter
9. Father's Occupation Tailor
10. Father's Birthplace in germany

Name of Medical Attendant, or other Person who makes this Return. Miss Eigelchinger

Address No 14 Union St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10th 1875
4. Place of Birth (Street and Number)	# 110 W. Balto St.
5. Full Name of Mother	Mary L Johnson Bassett.
6. Mother's Maiden Name	Mary L Johnson.
7. Mother's Birthplace	America
8. Full Name of Father	R. A. Bassett.
9. Father's Occupation	Agent & Private Watchman
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	# 178 Chapel St. F. R.
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 10 of June
4. Place of Birth (Street and Number) Sommerset Ct No 100.
5. Full Name of Mother Margrista Elmensoytz
6. Mother's Maiden Name Margarita Albert
7. Mother's Birthplace geboren zu Baltimor
8. Full Name of Father Hermann Elmensoytz
9. Father's Occupation Hinter.
10. Father's Birthplace geb. in Wesell am Reichein Preußen.

Name of Medical Attendant, or other Person who makes this Return. Walbruga Müller

Address Clarling St No 165

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Wolth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th June
4. *Place of Birth (Street and Number)* Bolton alley
5. *Full Name of Mother* Margret ~~Gleason~~ Ranahan
6. *Mother's Maiden Name* Margret Gleason
7. *Mother's Birthplace* Mland
8. *Full Name of Father* Patrick Ranahan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Mland

Name of Medical Attendant, or other Person who makes this Return. H L Bowie M.D.

Address 4 McCulloh St

Remarks

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 10th 1875
4. Place of Birth (Street and Number) N 130 Cathedral r
5. Full Name of Mother Ellen Lloyd Pitts
6. Mother's Maiden Name Ellen Lloyd Goldsborough
7. Mother's Birthplace Dorchester Co Maryland
8. Full Name of Father Sullivan Pitts
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address N 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3610

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Black.
3. Date of Birth June 10th 1875
4. Place of Birth (Street and Number) Wayne St.
5. Full Name of Mother ~~Jane Parker~~
6. Mother's Maiden Name Jane Parker.
7. Mother's Birthplace Baltimore
8. Full Name of Father Unknown
9. Father's Occupation do
10. Father's Birthplace do

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger.

Address 23 N. Liberty St.

Remarks

Extract Regulations of the Board of Health to secure Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 19
4. Place of Birth (Street and Number) no 37 sterling
5. Full Name of Mother Mary Brice
6. Mother's Maiden Name unmarried
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address 32 short st

Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 10th 1875
4. *Place of Birth (Street and Number)* 143 S. Amy
5. *Full Name of Mother* Emma Jane Powell
6. *Mother's Maiden Name* Gambrell
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Charles Sidney Powell
9. *Father's Occupation* Hatter
10. *Father's Birthplace* Berlin Worcester Co Md

Name of Medical Attendant, or other Person who makes this Return. W K Way M D

Address 19 South Broadway

Remarks Instrumental Labor. Mother still under treatment Child doing well

Extract Regulations of the Board of Health to secure a punctual correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3613

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 10th 1875
4. Place of Birth (Street and Number) 887 W Baltimore St
5. Full Name of Mother Mary L Carruthers -
6. Mother's Maiden Name Mary L Lowther -
7. Mother's Birthplace Baltimore City
8. Full Name of Father Richd Carruthers -
9. Father's Occupation Plumber -
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. W. G. Regester M.D.

Address 845 W Balto St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1875 BALTIMORE.

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether ~~Male~~ or Female)	white
2. Race or Color (if not of the white race)	11th June
3. Date of Birth	7 th St 34
4. Place of Birth (Street and Number)	Mary Davis
5. Full Name of Mother	" Hamilton
6. Mother's Maiden Name	Balt City
7. Mother's Birthplace	E O Davis
8. Full Name of Father	Carriage Maker
9. Father's Occupation	Richmond Va
10. Father's Birthplace	O S Mahon M D
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

3615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth June 11 1875
4. Place of Birth (Street and Number) 82 Hamburg
5. Full Name of Mother Mary Keenan
6. Mother's Maiden Name Mary Norfolk
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Keenan
9. Father's Occupation Gas inspector
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Welstiff

Address 57 Barrest

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3616.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Male and female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June th. 11 1875 Baltimore
4. Place of Birth (Street and Number) Baltimore No 92 Etting Street
5. Full Name of Mother George Anna Ridgeway
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father James Ridgeway
9. Father's Occupation Gardener
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Chester Ann Burdette Dr
Address 85 Orchard Street
Remarks

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 11th
4. Place of Birth (Street and Number) Beven No 24
5. Full Name of Mother Magevethe Knorr
6. Mother's Maiden Name Hart
7. Mother's Birthplace Nassau G.
8. Full Name of Father John Knorr
9. Father's Occupation Taylor
10. Father's Birthplace Baiern G

Name of Medical Attendant, or other Person who makes this Return. Mary Kwh

Address 328 S Eutaw St

Remarks B Md

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3618

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 11th 1875
4. Place of Birth (Street and Number) 135 Welcome Alley
5. Full Name of Mother Annie Tankard
6. Mother's Maiden Name
7. Mother's Birthplace Accomack County Va
8. Full Name of Father Alfred Tankard
9. Father's Occupation Tailor
10. Father's Birthplace Accomac County Virginia

Name of Medical Attendant, or other Person who makes this Return. Dorah Thomas 11 Burgundy Alley

Address

Remarks

Extract Registration of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 11th
4. Place of Birth (Street and Number) Fremount st. 157
5. Full Name of Mother Christiano Brine
6. Mother's Maiden Name Elshlegor.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Whiliam Brine
9. Father's Occupation Sweep master
10. Father's Birthplace Pick nunt

Name of Medical Attendant, or other Person who makes this Return. Ann Gerstenberger

Address 104 Columbia st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	11th June 1875
4. Place of Birth (Street and Number)	138 Pratt Str
5. Full Name of Mother	Josephine Gisin
6. Mother's Maiden Name	" Weisman
7. Mother's Birthplace	Germany.
8. Full Name of Father	August Gisin
9. Father's Occupation	Tinter
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper.
Address	52 E. Lombard Ste.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	11th June 1875
4. Place of Birth (Street and Number)	72 Market Space.
5. Full Name of Mother	Lizzie Brassmann
6. Mother's Maiden Name	" Winter
7. Mother's Birthplace	United States
8. Full Name of Father	William Brassmann
9. Father's Occupation	Printer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard Str.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 99 Chappel Ste. 11th June 1875.
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Lizzie Emering
6. *Mother's Maiden Name* " Fishel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Emering
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard Ste.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 11th 1875
4. Place of Birth (Street and Number) 189 Ensor Street
5. Full Name of Mother Mary E. Libbs
6. Mother's Maiden Name Mary E. Galloway
7. Mother's Birthplace Fredrick City Md
8. Full Name of Father Chas. H McBlair Libbs
9. Father's Occupation Porter
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. E. Geo. Walls M.D.

Address 181 E Monument St

Remarks very healthy.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 11th 1875
4. Place of Birth (Street and Number) No 6 Brewers Al
5. Full Name of Mother Evaline Long
6. Mother's Maiden Name Dorsey
7. Mother's Birthplace Sikes Ville, Howard Co Md
8. Full Name of Father Wm H Long
9. Father's Occupation Waiter
10. Father's Birthplace Fair Haven A A Co Md

Name of Medical Attendant, or other Person who makes this Return. H F Ware M D

Address Cor Pine & Geo St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3625

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (~~state whether Male or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth 11th June 1875
4. Place of Birth (Street and Number) 24 S Oregon St
5. Full Name of Mother ~~24 S Oregon St~~ Margaret E Edwards
6. Mother's Maiden Name Margaret E. Wiley
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Charles T Edwards
9. Father's Occupation Carpenter
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. G. Rider

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 11th of June
4. Place of Birth (Street and Number) No. 48 Grove St. Baltimore city
5. Full Name of Mother Mary [illegible]
6. Mother's Maiden Name Mary [illegible]
7. Mother's Birthplace Baltimore City
8. Full Name of Father William E. [illegible]
9. Father's Occupation Teaching
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Wm. C. Conway

Address 131. Battery Avenue

Remarks

Extract Regulations of the Board of Health, to [illegible] Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. Sex (state whether Male ~~or Female~~) .....
2. Race or Color (if not of the white race) White
3. Date of Birth June 11th 1875.
4. Place of Birth (Street and Number) Eastern Av. No 97
5. Full Name of Mother Elisabetha Töpel.
6. Mother's Maiden Name Elisabetha Heinzman
7. Mother's Birthplace Baltimore City
8. Full Name of Father Eduard Töpel
9. Father's Occupation Baker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks .....

Extract from Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	June 11 1875
4. *Place of Birth (Street and Number)*	315 Hillyard St
5. *Full Name of Mother*	Elizabeth Mitchell
6. *Mother's Maiden Name*	Elizabeth Morse,
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	John R. Mitchell
9. *Father's Occupation*	Sail maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. Webster
Address	57. Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 11 June
4. *Place of Birth (Street and Number)* Baltimore N8 Washington st
5. *Full Name of Mother* Barbara Jerushek
6. *Mother's Maiden Name* Barbara Fuka
7. *Mother's Birthplace* Branitz in Bohemia
8. *Full Name of Father* Francis Jerushek
9. *Father's Occupation* workman
10. *Father's Birthplace* Branitz in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Eppli

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3630

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the ninth

1. *Sex* (state whether Male or Female) Male healthe
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* born on the 11 th of June / 75
4. *Place of Birth* (Street and Number) Balto St
5. *Full Name of Mother* Christeth Louise Leiths
6. *Mother's Maiden Name* L. Murbach
7. *Mother's Birthplace* Schwitzerland
8. *Full Name of Father* Christoth Leiths
9. *Father's Occupation* Soap Manufactorer
10. *Father's Birthplace* Bavarea Gurmany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Cillar

Address 37 Smallwood St.

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth June 11
4. Place of Birth (Street and Number) 51 Monument
5. Full Name of Mother Mary Scott
6. Mother's Maiden Name Toomey
7. Mother's Birthplace Virginia
8. Full Name of Father John Scott
9. Father's Occupation Machanist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula T. Chrismer

Address 129 E Monument St

Remarks Baltimore City

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2d)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Friday, 11th.
4. *Place of Birth* (Street and Number) No 47 Haw Street
5. *Full Name of Mother* Emma Swaim
6. *Mother's Maiden Name* Hess
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Peter Swaim
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm H Coleridge

Address No. 15 McHenry Street

Remarks Labor rapid & easy; Child in good physical Condition, & living

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3683

RETURN OF A BIRTH.

No 8

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh (7th)
2. Sex (state whether Male or Female) Male
3. Race or Color (if not of the white race) W
4. Date of Birth Friday June 11th 1875
5. Place of Birth (Street and Number) No 34 N. Chappel Street
6. Full Name of Mother Sarah Jane Myers
7. Mother's Maiden Name Sarah Jane Philips
8. Mother's Birthplace Balto city
9. Full Name of Father Wm E. K. Myers
10. Father's Occupation House Carpenter
11. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Ann R. Lloyd

Address 346 N. Chappel St

Remarks "

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3634

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 children

1. *Sex* (state whether Male or Female) Girl
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* the 11th of June 1875
4. *Place of Birth* (Street and Number) 398 North Alican st
5. *Full Name of Mother* Biddy Riggins
6. *Mother's Maiden Name* Biddy mc Kay
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George mc Kay
9. *Father's Occupation* rolling mills
10. *Father's Birthplace* Irland

Name of Medical Attendant, or other Person who makes this Return. C Crasentia Kunkel

Address 71 North Chappel st pr Jno Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Wilhe
3. Date of Birth Juni 11th 1875
4. Place of Birth (Street and Number) Dallas street. No 92.
5. Full Name of Mother Mathilde Lade.
6. Mother's Maiden Name
7. Mother's Birthplace Bromberg. Forest
8. Full Name of Father Fr: Berwold
9. Father's Occupation Workingmann.
10. Father's Birthplace Bromberg.

Name of Medical Attendant, or other Person who makes this Return. Dr: med: Ernst Fr: Hämel

Address Leonhard Vrury No 277 S Bond st r. Unterdaker

Remarks

S Mathias Lemetony

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth June 11th 1875
4. Place of Birth (Street and Number) 246 N. Ann St.
5. Full Name of Mother Florence F. Byrn
6. Mother's Maiden Name " " Brooks
7. Mother's Birthplace Baltimore City
8. Full Name of Father W. H. Byrn
9. Father's Occupation Measurer at Custom House
10. Father's Birthplace Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. W. W. White M.D.

Address 350 N. Broadway

Remarks

Extract Regulations of the Board of Health to the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3637

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 11th 1875
4. Place of Birth (Street and Number)	6 Waverley Terrace
5. Full Name of Mother	Georgianna Williams
6. Mother's Maiden Name	Georgianna Means
7. Mother's Birthplace	Baltimore
8. Full Name of Father	H. Williams
9. Father's Occupation	Lumber
10. Father's Birthplace	Calvert Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	G. W. Miltenberger M.D.
Address	121 W. Monument st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3638

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 11th 1875

4. Place of Birth (Street and Number) 72 McCulloh St.

5. Full Name of Mother Georgette Boswell

6. Mother's Maiden Name Georgette Williams

7. Mother's Birthplace Norfolk Va.

8. Full Name of Father M. Boswell

9. Father's Occupation Merchant

10. Father's Birthplace Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return. G. W. Mitterhorn M.D.

Address 121 W. Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3639

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 11th 1875
4. Place of Birth (Street and Number) No 314 N. Eden St
5. Full Name of Mother Leontine V. De Katow
6. Mother's Maiden Name Leontine V. Roby
7. Mother's Birthplace Department Haute Garrone France
8. Full Name of Father Alphonse De Katow
9. Father's Occupation Bookseller
10. Father's Birthplace Strasburg – Germany

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address No 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

18

3644

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state ~~whether Male or~~ Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth June 11th 1875 7.20 A.M. Instrumental
4. Place of Birth (Street and Number) Asquith St. Balto City
5. Full Name of Mother Virginia Dyer
6. Mother's Maiden Name Virginia Morton
7. Mother's Birthplace Maine
8. Full Name of Father Horatio P. Dyer
9. Father's Occupation Foreign Fruit dealer
10. Father's Birthplace Maine

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E. Balto St.

Remarks

Extract Regulations of the Board of Health to secure a [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3641

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 11th 1875
4. Place of Birth (Street and Number) No 8 N. Liberty St.
5. Full Name of Mother Agnes Ricking
6. Mother's Maiden Name
7. Mother's Birthplace Germany
8. Full Name of Father Carl Schneider
9. Father's Occupation Saloon keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lina Hillegeist

Address No 182 Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3602

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 11 th
4. Place of Birth (Street and Number)	817 Pratt St
5. Full Name of Mother	Carolina Dreer
6. Mother's Maiden Name	Carolina Hill
7. Mother's Birthplace	Germany
8. Full Name of Father	Fredrik Dreer
9. Father's Occupation	Blaksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Sinclair
Address	No 29 monro St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June th 12 1875
4. Place of Birth (Street and Number) Balto 28 rose Street
5. Full Name of Mother Anna Blackstone
6. Mother's Maiden Name
7. Mother's Birthplace Cambridge
8. Full Name of Father James Blackstone
9. Father's Occupation Laborer
10. Father's Birthplace North

Name of Medical Attendant, or other Person who makes this Return. Chester Ann Bardley Jr

Address ~~85~~ 85 orchard Street

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 of June 1875
4. Place of Birth (Street and Number)	No 80 Howard St
5. Full Name of Mother	Mrs Christiana
6. Mother's Maiden Name	Margaret Bachler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Christ Steinmetz
9. Father's Occupation	Backer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Hannan
Address	No 70 Howard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) June 12. 1875

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Saturday 12.
4. Place of Birth (Street and Number) No 107 North Wolf Str
5. Full Name of Mother Louisesy Zarfass
6. Mother's Maiden Name Louisesy Bratty
7. Mother's Birthplace Hessen Kassel germany
8. Full Name of Father John Peter Zarfass
9. Father's Occupation Morrocco finisher
10. Father's Birthplace Rein Brunsher

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Brendel

Address No 208 South Bond str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3646

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th June
4. Place of Birth (Street and Number)	1008 3 South Bond st
5. Full Name of Mother	Mary Löbenstein
6. Mother's Maiden Name	Mary Baley
7. Mother's Birthplace	Cupel
8. Full Name of Father	Fred Löbenstein
9. Father's Occupation	from Hessen
10. Father's Birthplace	Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mrs. [redacted] Brendel
Address	N 208 South Bond st
Remarks	

3647

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) Colard

3. Date of Birth 12 June 1875

4. Place of Birth (Street and Number) Madison Ally 7

5. Full Name of Mother Elizar Green

6. Mother's Maiden Name Elizar Johnston

7. Mother's Birthplace Baltimore

8. Full Name of Father William Green

9. Father's Occupation White Washer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E E Shutz

Address 211 Augusta St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 12th 1875
4. *Place of Birth (Street and Number)* Second St. No, 13
5. *Full Name of Mother* Elise Martens
6. *Mother's Maiden Name* Elise Behsen
7. *Mother's Birthplace* Bremen. Germany
8. *Full Name of Father* Herman C. Martens
9. *Father's Occupation* Lock Smith
10. *Father's Birthplace* Bremen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No, 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3649

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d. Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12th 1875
4. Place of Birth (Street and Number)	No. 236 Hannover st.
5. Full Name of Mother	Caroline Nichter
6. Mother's Maiden Name	Plitt.
7. Mother's Birthplace	Germana.
8. Full Name of Father	Joseph Nichter
9. Father's Occupation	Butcher.
10. Father's Birthplace	Germana.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth. sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3650

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN. 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 12 June
4. *Place of Birth (Street and Number)* Baltimore East England ward
5. *Full Name of Mother* Catharine Klima
6. *Mother's Maiden Name* Catharine Schach
7. *Mother's Birthplace* Zwelow in Bohemia
8. *Full Name of Father* Francis Klima
9. *Father's Occupation* laborer
10. *Father's Birthplace* Zwelow in Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koplick

Address

Remarks

RETURN OF A BIRTH.

3651

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 2 d

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* The 12 of June 1875
4. *Place of Birth (Street and Number)* 962 West Platt St.
5. *Full Name of Mother* Dressia Heil
6. *Mother's Maiden Name* D. Wagner
7. *Mother's Birthplace* Hessen Germany
8. *Full Name of Father* Thalentin Heil
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Hessen Germ.

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 53 Small wood St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

3652

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4" Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 12" 1875
4. *Place of Birth (Street and Number)* 923 W. Balto. St.
5. *Full Name of Mother* Maria L. Mansfield
6. *Mother's Maiden Name* Maria L. Fawbes
7. *Mother's Birthplace* Camden & New Jersey
8. *Full Name of Father* James A. Mansfield
9. *Father's Occupation* Coach Trimmer
10. *Father's Birthplace* Kent Co. Md.

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 S. Broadway

Remarks

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 15 1875
BALTIMORE.

3653

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 12th 1875
4. Place of Birth (Street and Number)	135 N. Eden
5. Full Name of Mother	Lettie N. Hartt
6. Mother's Maiden Name	" " Tatum
7. Mother's Birthplace	Danvick Va
8. Full Name of Father	Hartt
9. Father's Occupation	Millwright
10. Father's Birthplace	Harford Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

36321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12th of June 1875
4. Place of Birth (Street and Number) 138 S. Castle St.
5. Full Name of Mother Isabella Lorenz
6. Mother's Maiden Name " Scott
7. Mother's Birthplace Richmond Va
8. Full Name of Father Joseph Lorenz
9. Father's Occupation Iron Moulder
10. Father's Birthplace Gietschenreit (Bavaria)

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. Stathien, M.D.
245 S. Baltimore St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3655

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* June 12th 1875

4. *Place of Birth* (Street and Number) 216 N Calvert St.

5. *Full Name of Mother* Juliette Bell

6. *Mother's Maiden Name* Juliette Nottingham

7. *Mother's Birthplace* Northampton Co Va

8. *Full Name of Father* J W Bell

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. J. W. Millenbrook M.D.

Address 121 W. Lemmon St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3656

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
JUL 17 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 12
4. Place of Birth (Street and Number)	302 Canton Av
5. Full Name of Mother	Mary Wuffer
6. Mother's Maiden Name	Mary Woffner
7. Mother's Birthplace	Bavarian
8. Full Name of Father	George Wuffer
9. Father's Occupation	Labor
10. Father's Birthplace	Havre de Garce
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S Pond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) femal
2. Race or Color (if not of the white race) White
3. Date of Birth 12 Juni
4. Place of Birth (Street and Number) Baltimore Washingtonst N 72
5. Full Name of Mother Katharine Klima
6. Mother's Maiden Name Katharine Shach
7. Mother's Birthplace Kwetow in Bohemia
8. Full Name of Father Francis Klima
9. Father's Occupation Laborer
10. Father's Birthplace Kwetow in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Koptu

Address 69 Washingtonst

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Collard
3. Date of Birth June 12
4. Place of Birth (Street and Number) no 17 Jefferson cort
5. Full Name of Mother Martha Distance
6. Mother's Maiden Name Martha Jolly
7. Mother's Birthplace Cambridge Md
8. Full Name of Father Jarhep Distance
9. Father's Occupation Drabb
10. Father's Birthplace Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address 32 Short St

Remarks healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 23 1875
4. *Place of Birth (Street and Number)*	Hanover St. no. 301.
5. *Full Name of Mother*	Louisa Kroedel
6. *Mother's Maiden Name*	Louisa Koner.
7. *Mother's Birthplace*	Mecklenburg Germany
8. *Full Name of Father*	Gustav Kroedel
9. *Father's Occupation*	Shoemaker.
10. *Father's Birthplace*	Altenburg Sachsen
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Koch
Address	328 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2 3660

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex (state whether Male or Female) Mädchen.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 12. Juni 1875.
4. Place of Birth (Street and Number) 3. Canton Ave.
5. Full Name of Mother Machdalena Müller.
6. Mother's Maiden Name Butterhof.
7. Mother's Birthplace Baiern.
8. Full Name of Father Kaspar. Müller.
9. Father's Occupation Lierbrauer.
10. Father's Birthplace Baiern

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address 118 Carley Street. Canton.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3661

HEALTH DEPARTMENT
JUN 13 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12th 1875
4. Place of Birth (Street and Number)	53 S. Eden St.
5. Full Name of Mother	Louisa P. Thomas
6. Mother's Maiden Name	Myers
7. Mother's Birthplace	Va.
8. Full Name of Father	Saml. Thomas
9. Father's Occupation	Butcher
10. Father's Birthplace	Va.
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cor Hanover & Barre Sts.
Remarks	

3662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12th 1875
4. Place of Birth (Street and Number)	7 Myrtle St.
5. Full Name of Mother	Mary E. Adams
6. Mother's Maiden Name	Jeffries
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jno G. R. Adams
9. Father's Occupation	Plasterer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cor Hanover & Barre Sts
Remarks	

3663

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd day Tuesday 18.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* Saturday 12
4. *Place of Birth (Street and Number)* Leadenhall 1st 116
5. *Full Name of Mother* Liz Bid Wheeler
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* dead
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mary Rivens

Address

Remarks in a good condition

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 12th 1875
4. Place of Birth (Street and Number) Pierce Street No 101
5. Full Name of Mother Annie
6. Mother's Maiden Name O'Dowd
7. Mother's Birthplace Ireland County Tyrone, Omagh
8. Full Name of Father James Kane
9. Father's Occupation Cabinet at Carrolton Hotel
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. A E Stein, M.D.

Address 137 N. Exeter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3665

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 6 mo 12th 1875
4. Place of Birth (Street and Number) 43 N Calhoun St.
5. Full Name of Mother Sarah Reede
6. Mother's Maiden Name Sarah Townsende.
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Reede.
9. Father's Occupation Clerk.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Riley, M.D.

Address 47 Lexington St

Remarks

3666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 12th 1875
4. Place of Birth (Street and Number) 5 Water's Court
5. Full Name of Mother Charlotte ~~Golsloh~~ (Gould)
6. Mother's Maiden Name " ~~Dorsey~~ (~~Dorsey~~)
7. Mother's Birthplace Howard County Md
8. Full Name of Father Peter Gould
9. Father's Occupation Laborer
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. E. Gibbons M.D.

Address 47 Edmondson Av

Remarks all right

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) one first one.

1. *Sex* (state whether Male or Female) fea male
2. *Race or Color* (if not of the white race) african raise
3. *Date of Birth* June the 12
4. *Place of Birth* (Street and Number) baltimore [redacted] no 23 cross
5. *Full Name of Mother* sharlat Grant
6. *Mother's Maiden Name* sharlat Ellis
7. *Mother's Birthplace* fredricksburgh virgina
8. *Full Name of Father* John Grant
9. *Father's Occupation* sailing
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. emily huse

Address 203 west st

Remarks

Fee Record of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 13th

4. Place of Birth (Street and Number) Bradford alley No 29

5. Full Name of Mother Louisiana Ritterroth

6. Mother's Maiden Name Schumacher

7. Mother's Birthplace Wirtemberg Prussia

8. Full Name of Father John Ritterroth

9 Father's Occupation Tailor

10. Father's Birthplace Wirtemberg Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr. Diderer

Address 23 S. Hanover St.

Remarks

3669

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth 13 June 1875

4. Place of Birth (Street and Number) Jefferson A. D. St.

5. Full Name of Mother Nettie Williams

6. Mother's Maiden Name Nettie Hamilton

7. Mother's Birthplace Baltimore

8. Full Name of Father George Williams

9. Father's Occupation Carter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J E Shultz

Address 211 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Fire
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 3 1875
4. Place of Birth (Street and Number) No 148 Raburge Street
5. Full Name of Mother Elizabeth Green
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father
9. Father's Occupation ~~Baltimore Maryland~~ Coachman
10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Dobbin Thomas of Burgundy Alley

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

.3671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 13 June
4. *Place of Birth (Street and Number)* Baltimore Washington st. No 8
5. *Full Name of Mother* Katharina Jerowshek
6. *Mother's Maiden Name* Katharine Petrik
7. *Mother's Birthplace* Branik in Boh
8. *Full Name of Father* Joseph Jerowshek
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Voseka in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsch

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3672

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 13th 1875
4. Place of Birth (Street and Number)	No 20 N Front Street
5. Full Name of Mother	Hannah Becker
6. Mother's Maiden Name	Hannah Rosenfeld
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Isidore Becker
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant or other Person who makes this Return.	A Friedenwald MD
Address	8 St Eutaw Street
Remarks	Natural Labor, Child well developed

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

c 3673

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13 of June 1875
4. Place of Birth (Street and Number)	Eastern Avenue Baltimore
5. Full Name of Mother	Mary Jane Hagen
6. Mother's Maiden Name	Mary Flannigin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Hagen
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Trainer
Address	127 E Monument st
Remarks	Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

36711

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 13th

4. Place of Birth (Street and Number) No 16 Wyeth st

5. Full Name of Mother Maja Sommerz

6. Mother's Maiden Name Maja Kiene

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles A. Sommerz

9. Father's Occupation Moulder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address No 106 Columbia Av

Remarks

3675

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 13th of June 75
4. Place of Birth (Street and Number) 18 S. Wolfe St.
5. Full Name of Mother Barbara Roesslein
6. Mother's Maiden Name " Scharold
7. Mother's Birthplace Oberkrent (Bavaria)
8. Full Name of Father Joseph Roesslein
9. Father's Occupation Tailor
10. Father's Birthplace Neudorf (Bavaria)

Name of Medical Attendant, or other Person who makes this Return. Mathieu M.D.

Address 245 S. Baltimore St.

Remarks 13/6 75

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3676

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 18
4. *Place of Birth (Street and Number)* E Hertford st 24
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary Jane Faulk
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Johnson

Address no 32 Hart st

Remarks healthy child

3677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4th child Georgianna Owens

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 June 1875
4. *Place of Birth (Street and Number)* No 16 North Arlington Avenue
5. *Full Name of Mother* Georgianna Owens
6. *Mother's Maiden Name* Georgianna Dove
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George McD Owens
9. *Father's Occupation* brakesman
10. *Father's Birthplace* howard County

Name of Medical Attendant, or other Person who makes this Return. midwife Mary Ann Martin

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3678

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth June 13th

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Baltimore

8. Full Name of Father [illegible]

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Head of Children
1. *Sex (state whether Male or Female)*	Male Child Living
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	June 17 1875
4. *Place of Birth (Street and Number)*	No 1 Broadbury Alley
5. *Full Name of Mother*	
6. *Mother's Maiden Name*	Elisia Stokes
7. *Mother's Birthplace*	Port Deposit
8. *Full Name of Father*	X
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address	No 97 Chesnut Street
Remarks	

Harriet Jackson No 97 Chesnut St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3689

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

H 3680

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 Mo 13th 1875
4. *Place of Birth (Street and Number)* 84 N Sharp St
5. *Full Name of Mother* Margaret Gordon
6. *Mother's Maiden Name* Margaret Casey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Gordon
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. W. Riley M. D.

Address 47 Lexington

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3681

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th June 1878
4. Place of Birth (Street and Number)	1614 East Fall St.
5. Full Name of Mother	Mary Martin
6. Mother's Maiden Name	" Solomon
7. Mother's Birthplace	Germany
8. Full Name of Father	John Martin
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm. H. Godfrey
Address	No 55 S. Bond St
Remarks	

3682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 13th 1875.
4. Place of Birth (Street and Number)	715 Light Street.
5. Full Name of Mother	Eliza Harris.
6. Mother's Maiden Name	Eliza Day.
7. Mother's Birthplace	Baltimore County. Md
8. Full Name of Father	John W. Harris.
9. Father's Occupation	Ship Joiner
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Brune.
Address	114 Battery Ave.
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 18 1875
4. Place of Birth (Street and Number)	119 Penn Street
5. Full Name of Mother	Lizzie Siegfried
6. Mother's Maiden Name	L. Keck
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles Siegfried
9. Father's Occupation	Bookbinder
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wiegand
Address	56 Pearl Street
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

36811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 14th June 1875.
4. *Place of Birth* (Street and Number) No. 101 Lexington St & Lexington Alley
5. *Full Name of Mother* Fannie Lucretia Coombs
6. *Mother's Maiden Name* " " Hudson
7. *Mother's Birthplace* Frederick City, Md.
8. *Full Name of Father* William Herbert Coombs.
9. *Father's Occupation* Salesman for Sewing Machine Store
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger M. D.

Address No 267 Druid Hill Ave.

Remarks Certificate delayed several days from sickness.

MISSING

~~#~~ 3685

3686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 14th 1875
4. Place of Birth (Street and Number) Columbia St. No 279
5. Full Name of Mother Mary Ann Klees
6. Mother's Maiden Name Mary Ann Grohe
7. Mother's Birthplace Balti. Md.
8. Full Name of Father John Klees
9. Father's Occupation Cigar Maker
10. Father's Birthplace West Harland Germany

Name of Medical Attendant, or other Person who makes this Return. A. L. Spicer

Address 379 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eight

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth June the 14 1875
4. Place of Birth (Street and Number) Baltimore 82 Hartford Ave.
5. Full Name of Mother Mary T. Grogan
6. Mother's Maiden Name Mary Teresa Jennings
7. Mother's Birthplace Ireland
8. Full Name of Father Joseph Grogan
9. Father's Occupation Blacksmith
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula S Chrissner

Address 129 E Monument St

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3688

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored (black)
3. *Date of Birth* June 14th 1875 4 oclk a.M.
4. *Place of Birth (Street and Number)* 191 N. Dallas St
5. *Full Name of Mother* A. Anna Thomas
6. *Mother's Maiden Name* A. Anna Gibson
7. *Mother's Birthplace* Talbot Co. Md Eastern Shore
8. *Full Name of Father* Geo. Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Talbot Co Md

Name of Medical Attendant, or other Person who makes this Return. Johanna Scherer

Address No 4 Philpot Alley between Madison & Monument

Remarks well & healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3689

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First,

1. Sex (state whether Male or Female) Female,

2. Race or Color (if not of the white race) White

3. Date of Birth June 14th 1875,

4. Place of Birth (Street and Number) 366 Mulberry St

5. Full Name of Mother Ann Rebecca Kennedy,

6. Mother's Maiden Name Ann Rebecca Hinds,

7. Mother's Birthplace Baltimore,

8. Full Name of Father John W. Kennedy,

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address 170, S. Franklin St Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3690

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 4.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth June 11th 1875

4. Place of Birth (Street and Number) No. 3 North Central Ave.

5. Full Name of Mother Anna Maria Gaynes.

6. Mother's Maiden Name Anna Maria Oldfield

7. Mother's Birthplace Talbot County.

8. Full Name of Father John L. Gaines.

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Balthazar M. Pollard.

Address 160 North Eden Street

Remarks

3691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth June 14.
4. Place of Birth (Street and Number) 218 S. Broadway
5. Full Name of Mother Emily Schmidt
6. Mother's Maiden Name Toepke.
7. Mother's Birthplace Germany
8. Full Name of Father Christian Schmidt
9. Father's Occupation Apothecary
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. D Pitterawet 3 Md

Address 137 W Fayette str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colloid
3. Date of Birth June 14
4. Place of Birth (Street and Number) 122 north Eden st
5. Full Name of Mother Jane Robinson
6. Mother's Maiden Name Jane Johnson
7. Mother's Birthplace Virginia
8. Full Name of Father George Robinson
9. Father's Occupation work in Sugar house
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address no 32 Short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3693

HEALTH DEPARTMENT JUN 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3rd.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 14th 1875.
4. *Place of Birth* (Street and Number) Corner of Monument & Chapel Sts.
5. *Full Name of Mother* Elizabeth Faul
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* J. H. Baltzglocke
9. *Father's Occupation* Flour & Grocery Store
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. A. Hillegeist

Address No 182 Monument St.

Remarks

3694

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 14 June
4. Place of Birth (Street and Number) 114 duncan alley
5. Full Name of Mother Hanno Nelson
6. Mother's Maiden Name Hanno Menaus
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Nelson
9. Father's Occupation Professor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Gray

Address 193 Chester

Remarks Balt M J

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 14th, 1875.
4. Place of Birth (Street and Number) 365 Orleans St.
5. Full Name of Mother Fredricka Senger.
6. Mother's Maiden Name " Unverzagt
7. Mother's Birthplace Germany.
8. Full Name of Father George Senger.
9. Father's Occupation Carpenter.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Riedger.

Address 134 North Bond St.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3696

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 14th 75
4. *Place of Birth (Street and Number)* 556 Penna. Ave.
5. *Full Name of Mother* Margaret Ann Heintzman
6. *Mother's Maiden Name* — — Poole
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Matthias Heintzman
9. *Father's Occupation* Provision Dealer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.

Address 89 N. Greene St.

Remarks - In reporting the birth of Mrs Heintzs Child on the 30th May. I may have dated it 30th June - if so I wish to correct the error J.H.K.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3697

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male ~~or Female~~) [illegible]
2. Race or Color (if not of the white race) White
3. Date of Birth June 14th 1875
4. Place of Birth (Street and Number) N. Eden St. No 13.
5. Full Name of Mother Auguste. Jung
6. Mother's Maiden Name Auguste Schäfer
7. Mother's Birthplace Baltimore City
8. Full Name of Father Heinrich Jung
9. Father's Occupation Taylor
10. Father's Birthplace Marburg, Pr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St, No 2 E.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3698

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white race
3. *Date of Birth* 14th of June
4. *Place of Birth (Street and Number)* No. 129 Chappel st
5. *Full Name of Mother* Johanna Rönspies
6. *Mother's Maiden Name* " " Schiester
7. *Mother's Birthplace* Schmidenreicht Bavaria
8. *Full Name of Father* Joseph Rönspies
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Altzigmais Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Hartmann

Address

Remarks

3699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) an this is the secome

1. Sex (state whether Male or Female) it is a male
2. Race or Color (if not of the white race) affin race color
3. Date of Birth 11 clock it Wash Brown on sunday night at 4 Jun 8 75
4. Place of Birth (Street and Number) number 55 forrest street
5. Full Name of Mother Ellar Gross
6. Mother's Maiden Name
7. Mother's Birthplace A Wash Born in Baltimore m D
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Adline gross

Address number 55 forrest sick an still remain sick

Remarks she Wash Born it Barn six day

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3705

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth child

(state whether Male or Female) Male

e or Color (if not of the white race) White

e of Birth June 14th 1875

ce of Birth (Street and Number) Patterson Av 2nd door from Chesnut

Name of Mother Elizabeth S. Gerns

her's Maiden Name Elizabeth S. Ray

her's Birthplace Ireland

Name of Father William Henry Gerns

her's Occupation Police Officer

her's Birthplace Pennsylvania

me of Medical Attendant, or other Person who makes this Return. J. E. Gilbrone M. D.

dress 47 Edmondson Av

marks Health

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE.

3701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White.
3. Date of Birth June 15 - 75.
4. Place of Birth (Street and Number) 56 N Fremont St.
5. Full Name of Mother Alice V. Bell.
6. Mother's Maiden Name Alice V. Devird
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Geo W. C. Bell
9. Father's Occupation Magistrate.
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer, M.D.

Address

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3702

1

HEALTH DEPARTMENT JUN 15 75 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 15th

4. Place of Birth (Street and Number) S. Ann St. No. 251

5. Full Name of Mother Katharina Braun

6. Mother's Maiden Name Sigmundt

7. Mother's Birthplace Hanover

8. Full Name of Father August Braun

9. Father's Occupation Shoemaker

10. Father's Birthplace Hanover

Name of Medical Attendant, or other Person who makes this Return. Dr. Lederer

Address 23 S. Durham

Remarks

3703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth June 15th 1875

4. Place of Birth (Street and Number) Corner Desker & Hoffman St

5. Full Name of Mother Elisa Rodte

6. Mother's Maiden Name Elisa Pette

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Rode

9. Father's Occupation Butcher

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Dorothea Bruine

Address 114 Battery A.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3704

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) a Male
2. Race or Color (if not of the white race) a white
3. Date of Birth the 15 June
4. Place of Birth (Street and Number) in Ensor Street near Chase houses not nubered
5. Full Name of Mother Elisabeth Bolland
6. Mother's Maiden Name Elisabeth Inc. Carthy
7. Mother's Birthplace born in Baltimore Md.
8. Full Name of Father August Bolland
9. Father's Occupation Cterm ang
10. Father's Birthplace born in Bavaria Cterm any

Name of Medical Attendant, or other Person who makes this Return. Hallburga Miller

Address Ctirling St No 165

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 15 June 1875

4. Place of Birth (Street and Number) Hadson # 164

5. Full Name of Mother Elizabeth Dickens

6. Mother's Maiden Name E Snaife

7. Mother's Birthplace Baltimore

8. Full Name of Father Sam Snaife

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J E Hughes

Address 211 Aisquith

Remarks

3706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 13th 1875
4. *Place of Birth (Street and Number)* 34 N. High St
5. *Full Name of Mother* Mary Brooks
6. *Mother's Maiden Name* " " Hahn
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Morris Brooks
9. *Father's Occupation* Box Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Barbara Reitz

Address No 40 E Fayette Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15. Juny
4. *Place of Birth (Street and Number)* Baltimore Washingtonst 121
5. *Full Name of Mother* Antonia Mashek
6. *Mother's Maiden Name* Antonia Thara
7. *Mother's Birthplace* Sladenk in Bohemia
8. *Full Name of Father* John Mashek
9. *Father's Occupation* laborer
10. *Father's Birthplace* Stanowic in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Koptis

Address 69 Washingtonst.

Remarks

5

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 15 June
4. *Place of Birth (Street and Number)* 643 n Baltimore St Balty
5. *Full Name of Mother* Katharina Schaefer
6. *Mother's Maiden Name* Hilgartner
7. *Mother's Birthplace* Landaf Hessen Darmstadt
8. *Full Name of Father* Henry Schaefer
9. *Father's Occupation* Photographer
10. *Father's Birthplace* Lifsberg Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dammler 66 Shorter

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3709

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 24 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 15 June

4. Place of Birth (Street and Number) No 100 Pearce St

5. Full Name of Mother Maggie ~~Potts~~ Ruppel

6. Mother's Maiden Name Maggie Pelts

7. Mother's Birthplace in germany

8. Full Name of Father Fredearge Ruppel

9. Father's Occupation Labor & Work

10. Father's Birthplace in germany

Name of Medical Attendant, or other Person who makes this Return. Phil J Eigelsinger

Address No 14 Union St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3710.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth 15th of June 1875.
4. Place of Birth (Street and Number) Millburn st
5. Full Name of Mother Elisabeth Euler.
6. Mother's Maiden Name " Altreather.
7. Mother's Birthplace Germany.
8. Full Name of Father John Euler.
9. Father's Occupation Carpenter.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Waller

Address 125 N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth (4)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 15th 1975
4. Place of Birth (Street and Number)	435 Eastern Avenue
5. Full Name of Mother	Mary Elizabeth Ruth
6. Mother's Maiden Name	Mary Elizabeth Phillips
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jacob Ruth
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel M Garrett
Address	31 Luzerne St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3712

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN
19
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex* (state whether Male or Female) Knabe
2. *Race or Color* (if not of the white race) weiß
3. *Date of Birth* d. 15. Juni 1875.
4. *Place of Birth* (Street and Number) Canton. 118. Curley Street.
5. *Full Name of Mother* Ellen (~~Adamer~~) Adelon.
6. *Mother's Maiden Name* Holland.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Johannes Adelon.
9. *Father's Occupation* Tagelöhner.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Anna Simmen.

Address 118. Curley Street. Canton.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3713

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

13

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	—
3. Date of Birth	15th " June 1875.
4. Place of Birth (Street and Number)	10 E. Baltimore Stt.
5. Full Name of Mother	Kate Kahl
6. Mother's Maiden Name	" Macker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Kahl
9. Father's Occupation	Cigar Manufacturer
10. Father's Birthplace	Spain
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address 52 E. Lombard	
Remarks	

3711

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd,

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* June 15th 75

4. *Place of Birth (Street and Number)* 249 Wash St.

5. *Full Name of Mother* Virginia Ann Tolson

6. *Mother's Maiden Name* " " Earhart

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Thomas A. Tolson

9. *Father's Occupation* Paper dealer

10. *Father's Birthplace* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. J. Keller M.D.

Address 89 N. Green St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3713

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 15th 1875
4. *Place of Birth (Street and Number)* S. Broadway No. 229
5. *Full Name of Mother* Alwine D. Klepper
6. *Mother's Maiden Name* Alwine D Lange.
7. *Mother's Birthplace* Braunschweig, Herz. Braunschweig Germany
8. *Full Name of Father* Charles F. Klepper
9. *Father's Occupation* Butter Dealer
10. *Father's Birthplace* Cassel. Kr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27511/2

3216

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15th June 1875
4. *Place of Birth (Street and Number)* 187 Collins st Baltimore
5. *Full Name of Mother* Mary M. Benson
6. *Mother's Maiden Name* Mary M. Seth
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Rylander R. Benson
9. *Father's Occupation* Physician
10. *Father's Birthplace* Princess Anne Somerset Co. Md

Name of Medical Attendant, or other Person who makes this Return. R. R. Benson M.D.

Address S. E cor Arlington Ave & Collins st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1875
BALTIMORE.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 15th 1875
4. Place of Birth (Street and Number)	66 E. Carolina
5. Full Name of Mother	Augusta Marquette
6. Mother's Maiden Name	Augusta Leonard
7. Mother's Birthplace	Balto. city
8. Full Name of Father	John Marquette
9. Father's Occupation	Machinist
10. Father's Birthplace	Balto. co. md.
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Mansfield
Address	117 E. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 15th/75
4. Place of Birth (Street and Number)	No 1 John St E of Jones Falls
5. Full Name of Mother	Annie Gage
6. Mother's Maiden Name	" Mc Manus
7. Mother's Birthplace	"Ireland"
8. Full Name of Father	John Gage
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula T Chrismer
Address	No 129 E Monument St
Remarks	Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3719

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) das erste

1. Sex (state whether Male or Female) Knabe
2. Race or Color (if not of the white race) weiß
3. Date of Birth 15. Juni 1875.
4. Place of Birth (Street and Number) Thames. Str. 89½
5. Full Name of Mother Marie Katharine Müller
6. Mother's Maiden Name Lüttmann
7. Mother's Birthplace Emden Ostfriesland Nord. Deutschl.
8. Full Name of Father Johann Behrends Müller
9. Father's Occupation Seemann
10. Father's Birthplace Temmel Ostfriesland Nord. Deutschl.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Louise Kraft.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 15th 75
4. Place of Birth (Street and Number) No Dorham St No 11
5. Full Name of Mother Anna Gibson
6. Mother's Maiden Name Do
7. Mother's Birthplace Talbort County Md
8. Full Name of Father Unnown
9. Father's Occupation Cant Say
10. Father's Birthplace Cant Say

Name of Medical Attendant, or other Person who makes this Return. Lusendy Woolford Midwife

Address Lusendy Woolford 130 No Register St

Remarks it is in good order and much cured for

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	June 15 1875
4. *Place of Birth (Street and Number)*	112 Dallas st
5. *Full Name of Mother*	Abellar V Robourn
6. *Mother's Maiden Name*	Arabelar V Woods
7. *Mother's Birthplace*	Fredrickburg va ~~Donal~~ Robourn
8. *Full Name of Father*	Daniel Robourn
9. *Father's Occupation*	coach man
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dholaly Watson
Address	53 East St
Remarks	

RETURN OF A BIRTH.

3722

HEALTH DEPARTMENT JUN 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. 16. 75
4. *Place of Birth (Street and Number)* 44 Baker st.
5. *Full Name of Mother* Maggie Roth.
6. *Mother's Maiden Name* " Brown
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph A Roth.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Pikesville

Name of Medical Attendant, or other Person who makes this Return. Dr Geo. H. Steele

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	16 June 1875
4. Place of Birth (Street and Number)	17 Stockton St
5. Full Name of Mother	Catherine Carter
6. Mother's Maiden Name	Catherine Murray
7. Mother's Birthplace	Cumberland Md
8. Full Name of Father	James Carter
9. Father's Occupation	Sailor Keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. Insley M.D.
Address	454 N. Carey St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3724

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16th 75
4. Place of Birth (Street and Number)	20 Willow st
5. Full Name of Mother	Mary Carroll
6. Mother's Maiden Name	Caffrey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno. Brooke Boyle M. D.
Address	174 E. Eager st
Remarks	

3725

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth ~~Presstman~~ June 16th 1875
4. Place of Birth (Street and Number) Presstman St. near Whatcomb St.
5. Full Name of Mother Isabella Kershaw.
6. Mother's Maiden Name Barnesly
7. Mother's Birthplace Montgomery Co. Md.
8. Full Name of Father Henry Kershaw.
9. Father's Occupation Blacksmith
10. Father's Birthplace Lancashire, England

Name of Medical Attendant, or other Person who makes this Return. William W. Murray MD

Address Cor. Patterson Ave. & Stricker St.

Remarks

Labor natural

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~) Male

2. Race or Color (if not of the white race)

3. Date of Birth 16 June 1875

4. Place of Birth (Street and Number) No 11 New St

5. Full Name of Mother Anna Mosgner

6. Mother's Maiden Name " Schmidt

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John H Mosgner

9. Father's Occupation Book Merchant

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W G Reder

Address No 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3727

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 16th 1875
4. Place of Birth (Street and Number)	20 Mulberry St
5. Full Name of Mother	Helen L. Hall
6. Mother's Maiden Name	Boyle
7. Mother's Birthplace	Va
8. Full Name of Father	Willoughby N. Hall C.
9. Father's Occupation	Clerk
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	J. E. Lindsay M.D.
Address	204 N. Howard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	June 16th 1875
4. *Place of Birth* (Street and Number)	#17 Fillpot Ly.
5. *Full Name of Mother*	Susan Stigl
6. *Mother's Maiden Name*	Susan Moorland
7. *Mother's Birthplace*	Pittsburg Pa.
8. *Full Name of Father*	Jamf. Stigl
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. L. Kinnemon M.D.
Address	72 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3729

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether Male or Female)	Female daughter
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16th "
4. Place of Birth (Street and Number)	No. 360, West Ramsay St
5. Full Name of Mother	Agnes E. Dixon
6. Mother's Maiden Name	Lusby.
7. Mother's Birthplace	Clark Co. West Virginia,
8. Full Name of Father	Joseph Dixon
9. Father's Occupation	Fireman on the B. & O. R.R.
10. Father's Birthplace	Frederick Co. Maryland.
Name of Medical Attendant, or other Person who makes this Return.	M. J. Leeman mid wife
Address	No. 360, McHenry St.
Remarks	Nine healthy children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3739

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Juny 16
4. Place of Birth (Street and Number)	257 S. Bond St
5. Full Name of Mother	Maria Popp
6. Mother's Maiden Name	Maria Muller
7. Mother's Birthplace	Baiern
8. Full Name of Father	George Popp
9. Father's Occupation	Labor
10. Father's Birthplace	Baiern
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S Bond St
Remarks	

3731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 16 June
4. Place of Birth (Street and Number) No 381 penna avenue
5. Full Name of Mother Lovea pells
6. Mother's Maiden Name Lovea Keall
7. Mother's Birthplace in germany
8. Full Name of Father peter pells
9. Father's Occupation Boailor Maker
10. Father's Birthplace in germany

Name of Medical Attendant, or other Person who makes this Return. Miss T Eigeldinger

Address No 14 Union St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colorado
3. Date of Birth June 16
4. Place of Birth (Street and Number) Dallas to no 47
5. Full Name of Mother Elizy Jane Hinson
6. Mother's Maiden Name Elizy Jane Brice
7. Mother's Birthplace Talbert Co Md
8. Full Name of Father Amos Hinson
9. Father's Occupation Stood in market
10. Father's Birthplace Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address no 32 Short to

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3733

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) collard
3. Date of Birth June 16
4. Place of Birth (Street and Number) Bethel st no 7
5. Full Name of Mother Treacy Jane Laffman
6. Mother's Maiden Name Treacy Jane Mc Kins
7. Mother's Birthplace Baltimore
8. Full Name of Father William E Laffman
9. Father's Occupation Yplites
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Miss Leah Johnson

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

37311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPARTMENT OF HEALTH
JUN 16 1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* healthy female
2. *Race or Color (if not of the white race)* black
3. *Date of Birth* 16 of June
4. *Place of Birth (Street and Number)* 5 Saratoga court
5. *Full Name of Mother* Mary E Davis
6. *Mother's Maiden Name* Mary E Davis
7. *Mother's Birthplace* baltimore
8. *Full Name of Father* Henry Turner
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 16. 1875
4. Place of Birth (Street and Number) 162 S. Paca St
5. Full Name of Mother Margaret Alice Patterson
6. Mother's Maiden Name " " Hoddinott
7. Mother's Birthplace Loudon Co Va
8. Full Name of Father Oscar Lee Patterson
9. Father's Occupation Carpenter
10. Father's Birthplace Jefferson Co W Va

Name of Medical Attendant, or other Person who makes this Return. Jos: E. Clagett MD

Address, 18 S. Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3736

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 16th 75
4. *Place of Birth (Street and Number)* 129 Lemmond St.
5. *Full Name of Mother* Julia Holtz
6. *Mother's Maiden Name* Julia Shorey
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Albert Holtz
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. D. H. Kelly M.D.

Address 89 N. Greene St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 16-1876
4. *Place of Birth* (Street and Number) 76 Park Avenue
5. *Full Name of Mother* Elizebeth Harris
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Ill.
8. *Full Name of Father* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. Chas Wilson

Address 76 Park Avenue

Remarks The above was an illegitimate child and has been sent to St. Vincents Infant Asylum

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3738

HEALTH DEPARTMENT JUN 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16th 1875
4. Place of Birth (Street and Number)	122 Townsend St near Penna Ave.
5. Full Name of Mother	Christiana
6. Mother's Maiden Name	Sanders
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Saml. Baughman
9. Father's Occupation	Painter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. B. Christian Md
Address	441 Penna Ave
Remarks	

3739

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4. 2.

1. *Sex* (state whether Male or Female) Mädchen.
2. *Race or Color* (if not of the white race) weiß.
3. *Date of Birth* d. 16 Juni 1875.
4. *Place of Birth* (Street and Number) Canton n. Klinton Street. 125.
5. *Full Name of Mother* Anna Marie Baumann.
6. *Mother's Maiden Name* Griesser.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Leonhardt. Baumann.
9. *Father's Occupation* Tagelöhner.
10. *Father's Birthplace* Baden = Baden.

Name of Medical Attendant, or other Person who makes this Return. Anna Simmen.

Address 118. Early Street. Canton.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3740

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16th 1875
4. Place of Birth (Street and Number)	No. 3 Warren Av
5. Full Name of Mother	Emma Blades
6. Mother's Maiden Name	Emma. Davis
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Blades
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	26 B Aisle Md
Address	17 Warren Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3741

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16. 1875
4. Place of Birth (Street and Number)	No 97 Valley Avenue
5. Full Name of Mother	Mary Linthicum
6. Mother's Maiden Name	Mayfield Linthicum
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Samuel Linthicum
9. Father's Occupation	Boat Builder
10. Father's Birthplace	Dorchester county Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

3742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth June 16th 1875
4. Place of Birth (Street and Number) 35 St Marys St
5. Full Name of Mother Maggie Chermanek
6. Mother's Maiden Name Maggie Sailer
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Thomas Chermanek
9. Father's Occupation Bakker
10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. Annie Mesengehl (Midwife)

Address 214 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3743

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 16
4. *Place of Birth (Street and Number)*	No 86 Bethel st
5. *Full Name of Mother*	Mary Schulties
6. *Mother's Maiden Name*	Mary Bartelma
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	George Schulties
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Simon
Address	No 70 Bramby St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

37 1114

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16th 1875
4. Place of Birth (Street and Number)	Hull Str. E. Point Balto. city
5. Full Name of Mother	Elizabeth Shreck
6. Mother's Maiden Name	Elzabeth Stofferbeth
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Ew. Shreck
9. Father's Occupation	Coal Shipper
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	D. R. W. Mansfield
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3745

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleven
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	the 16. June
4. *Place of Birth (Street and Number)*	Baltimore No 38 Harford Avenue
5. *Full Name of Mother*	Sidney A Prince
6. *Mother's Maiden Name*	Sidney A McComas
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	William H Prince
9. *Father's Occupation*	Architect
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Francis T Christian
Address	124 E Monument St
Remarks	Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3746

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 of June
4. Place of Birth (Street and Number)	William St No 122
5. Full Name of Mother	Josephine Belchmon
6. Mother's Maiden Name	Lambert
7. Mother's Birthplace	St Mickles Md
8. Full Name of Father	Jorge Belchmon
9. Father's Occupation	Water Man
10. Father's Birthplace	Snow hill Md
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Hallorn
Address	288 Johnson St
Remarks	

RETURN OF A BIRTH.

3747

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	16th June
4. Place of Birth (Street and Number)	Baltimore 10 McAdry St
5. Full Name of Mother	Elizzie Sayers
6. Mother's Maiden Name	Curtis
7. Mother's Birthplace	Ireland
8. Full Name of Father	Nicholas Sayers
9. Father's Occupation	Cane Weaver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Mcwell
Address	279 McDonough Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3748

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUL
2
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 5. 1875
4. *Place of Birth (Street and Number)* 138 Division Street
5. *Full Name of Mother* Mary Martin
6. *Mother's Maiden Name* Mary White
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Martin
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown M D

Address 201 W. Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3749

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 old

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 16th, 1875 11 P.M.
4. Place of Birth (Street and Number) 337 Eastern avenue
5. Full Name of Mother Barbara Cecilia Hartley
6. Mother's Maiden Name Barbara Cecilia Flaherty
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Henry Hartley
9. Father's Occupation Gen. Inspector
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. Lawson Wilkins M.D.

Address 69 So. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3750

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Matthews (Matthew) Merty.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 17 June
4. Place of Birth (Street and Number) No 32 Cook St
5. Full Name of Mother ~~Maggy Meatz~~ Mary Merty
6. Mother's Maiden Name Mary Esten Nine
7. Mother's Birthplace germany
8. Full Name of Father Conrad Meatz Merty
9. Father's Occupation labor Work
10. Father's Birthplace in germany

Name of Medical Attendant, or other Person who makes this Return. Miss T Eigeldinger

Address No 14 Union St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	June 17 1875
4. Place of Birth (Street and Number)	N W cor Bridle & Druid Hill Av
5. Full Name of Mother	Susan Mundle Railing
6. Mother's Maiden Name	Susan Mundle
7. Mother's Birthplace	Frederick Md
8. Full Name of Father	Lewis D Railing
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Frederick
Name of Medical Attendant, or other Person who makes this Return.	C. Mislock
Address	23 McCulloh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Black
3. *Date of Birth*	Twentieth June 1875
4. *Place of Birth (Street and Number)*	253 McDonough Street — Baltimore City
5. *Full Name of Mother*	Mary E. Carter
6. *Mother's Maiden Name*	Mary E Carter
7. *Mother's Birthplace*	Richmond Virginia
8. *Full Name of Father*	George W. Wallace
9. *Father's Occupation*	Porter on Post office Avenue
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary E Barker
Address	No 51 Jefferson St City
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3753

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. June 18th 1875.

HEALTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 17th 1875.
4. Place of Birth (Street and Number) No 241 Wolfe St.
5. Full Name of Mother Lizzie Saffer.
6. Mother's Maiden Name Lizzie Orfel.
7. Mother's Birthplace America
8. Full Name of Father George Saffer.
9. Father's Occupation Laborer.
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend.

Address No 137 S. Wolfe St.

Remarks

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3754

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	Jun 17, 75
4. Place of Birth (Street and Number)	209 S Gay St
5. Full Name of Mother	Caroline Renner
6. Mother's Maiden Name	Schafer
7. Mother's Birthplace	Germanie
8. Full Name of Father	Fred Schafer
9. Father's Occupation	Laborer
10. Father's Birthplace	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burchman
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Further Regulations of the Board of Health to secure a correct

3755

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 19 1895
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth -
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White -
3. Date of Birth	June 17th 1895
4. Place of Birth (Street and Number)	58 Lemmon St
5. Full Name of Mother	Mary L White -
6. Mother's Maiden Name	Mary L Reilly -
7. Mother's Birthplace	Howard Co Md -
8. Full Name of Father	[redacted] P White
9. Father's Occupation	Laborer - B & O R R.
10. Father's Birthplace	Balto City -
Name of Medical Attendant, or other Person who makes this Return.	W H Reynolds M D
Address	845 W Balto St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3756

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 17th
4. Place of Birth (Street and Number) No 90 Sommersett St
5. Full Name of Mother Josephine Krieger
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father Frederick Schneeman
9. Father's Occupation Porter
10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address No 182 Monumen St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3757

HEALTH DEPARTMENT JUN 15 1875 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* June 4th
4. *Place of Birth* (Street and Number) [illegible]
5. *Full Name of Mother* Mrs. Lizzie Hoffman.
6. *Mother's Maiden Name* Lizzie Buckingham
7. *Mother's Birthplace* Westminster Carroll Co.
8. *Full Name of Father* Willam Hoffman
9. *Father's Occupation* Car-driver.
10. *Father's Birthplace* 45 Hoffman St Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. W. Sims

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 17 June

4. Place of Birth (Street and Number) 7 Spruce alley

5. Full Name of Mother Bright Brady

6. Mother's Maiden Name Bright Margray

7. Mother's Birthplace ireland

8. Full Name of Father Edward Brady

9. Father's Occupation Labor

10. Father's Birthplace ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elybeth Frey Dr dauch

Address 193 S Chester St

Remarks Balt m G

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eleventh

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* June 17th 1875
4. *Place of Birth* (Street and Number) 9. S Spruce Alley
5. *Full Name of Mother* Bridget Brady
6. *Mother's Maiden Name* " Mc. Grath
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Edward Brady
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmd

Address 27. N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) F
2. Race or Color (if not of the white race) W
3. Date of Birth June 17 1875
4. Place of Birth (Street and Number) 117 Park Av
5. Full Name of Mother Delia Sundorf
6. Mother's Maiden Name n Merrill
7. Mother's Birthplace Baltimore
8. Full Name of Father Jos. C. Sundorf
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Richard Lee Sherry M.D.

Address 189 W Madison

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3761

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 11th of June 1875
4. Place of Birth (Street and Number)	396 South Alice Anna st
5. Full Name of Mother	Dori Krebs
6. Mother's Maiden Name	Dori Shufer
7. Mother's Birthplace	Germany
8. Full Name of Father	Fred Shufer
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Erasmia Kunkel for Jno Kunkel
Address	71 North Chappel st
Remarks	Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 the Living

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 17th 1878

4. Place of Birth (Street and Number) Baltimore Eppleton 109 St.

5. Full Name of Mother Lizzie Bell

6. Mother's Maiden Name Lizzie Ludlow

7. Mother's Birthplace England

8. Full Name of Father Edward Bell

9. Father's Occupation Hunter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 38 Parkhurst

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Geboren in Baltimore

1. Sex (state whether Male or Female) 1 Knabe und 1 [illegible]
2. Race or Color (if not of the white race) Weiß [illegible] Wenzel und Antonie
3. Date of Birth 17ten Juni 1875
4. Place of Birth (Street and Number) Bond St. No 280
5. Full Name of Mother Josefa Romar
6. Mother's Maiden Name Tindrich
7. Mother's Birthplace Nolety Lz. Fisch Böhmen
8. Full Name of Father Albert Tindrich
9. Father's Occupation Tepfer
10. Father's Birthplace Bretz Lozik Pilsen

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address Theresie Merzel Bond St. 237

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3764

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 17 th
4. Place of Birth (Street and Number)	No 9 Etting Baltimore Md
5. Full Name of Mother	Mary. E. Stitcher
6. Mother's Maiden Name	Mary. E. Cassell
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	S.H.C. Stitcher
9. Father's Occupation	Constable
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Jane Winneberger
Address	23 Liberty St
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or ndvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

No 3765

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June the 19th
4. Place of Birth (Street and Number)	No 95 So Biddle st.
5. Full Name of Mother	Elizabeth Owens
6. Mother's Maiden Name	Mrs. E. Spencer
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	B H Owens.
9. Father's Occupation	Wood dealer
10. Father's Birthplace	S.C.
Name of Medical Attendant, or other Person who makes this Return.	Jane Winnberger
Address	23 Liberty st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 17th 1875
4. *Place of Birth (Street and Number)* 211 Carrollton Av
5. *Full Name of Mother* Clara E. Soper
6. *Mother's Maiden Name* Clara E. Bates
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Francis Marion Soper
9. *Father's Occupation* Professor Maryland Agricultural College
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. J. E. Gibbons M.D.

Address 47 Edmondson Ave

Remarks Fine Boy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth June 18th 1875
4. Place of Birth (Street and Number) No 2 Court House Lane
5. Full Name of Mother Margarett Jackson
6. Mother's Maiden Name Margarett Smallwood
7. Mother's Birthplace Montgomery Co. Md
8. Full Name of Father William Jackson
9. Father's Occupation Porter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jene Winneberger

Address 23 N. Liberty

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10th June 1875
4. Place of Birth (Street and Number) 424 Central avenue
5. Full Name of Mother Alice Marshall
6. Mother's Maiden Name Alice Faire
7. Mother's Birthplace Richmond Va
8. Full Name of Father Lewis C. Marshall
9. Father's Occupation Brick Layer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Nicholas J. Dashiell

Address 207 S. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 18. 1875
4. *Place of Birth (Street and Number)* 26 E. Fayette st.
5. *Full Name of Mother* Emma V. Foreman
6. *Mother's Maiden Name* " " King
7. *Mother's Birthplace* Philadelphia city. Pa.
8. *Full Name of Father* George A. Foreman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address # 305 N. Caroline st. Balto.

Remarks

3770

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 18. '75
4. *Place of Birth (Street and Number)*	Chas. st # 338.
5. *Full Name of Mother*	Maria Lees.
6. *Mother's Maiden Name*	" Eigman
7. *Mother's Birthplace*	Hessen Darmstadt Germ.
8. *Full Name of Father*	Christian Lees.
9. *Father's Occupation*	Piano Maker.
10. *Father's Birthplace*	Jackson Germ.
Name of Medical Attendant, or other Person who makes this Return.	Mr. Mary Koch
Address	328. South Eutaw St. Balto. Md.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th 1875
4. Place of Birth (Street and Number)	121 S. Ann
5. Full Name of Mother	Louisa Jane Beacham
6. Mother's Maiden Name	" " Fryden
7. Mother's Birthplace	Somerset Co. Md.
8. Full Name of Father	William Beacham
9. Father's Occupation	Captain
10. Father's Birthplace	Somerset Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	114 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	First.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th. 75.
4. Place of Birth (Street and Number)	O. Donnel st. Canton. No. 4
5. Full Name of Mother	Barbara ~~Reindel~~
6. Mother's Maiden Name	Barbara Ditman
7. Mother's Birthplace	Baiern
8. Full Name of Father	George Reindel
9. Father's Occupation	Waltzman
10. Father's Birthplace	Baiern
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz Midwife
Address	Allice anna st
Remarks	No. 320.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Eight

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth June 18th 1875
4. Place of Birth (Street and Number) Camel alley Camel alley
5. Full Name of Mother Amelia Turner
6. Mother's Maiden Name " " Mitchell
7. Mother's Birthplace Bedford County Virginia
8. Full Name of Father Ralph Turner
9. Father's Occupation Porter at Richmond Market
10. Father's Birthplace Bedford County Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary Mitchell

Address 164 Hoffman St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh (7)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 18/75
4. Place of Birth (Street and Number) # 31 Fell St.
5. Full Name of Mother Mary Zinnaman
6. Mother's Maiden Name Mary Wilkinson
7. Mother's Birthplace Ireland
8. Full Name of Father Edward L. Zinnaman
9. Father's Occupation Gun Smith
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Rachel R. [illegible]

Address # 3, [illegible] St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3775

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twins 4th accouchement

1. *Sex* (state whether Male or Female) Females
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 18 June 1875
4. *Place of Birth* (Street and Number) 143 Argyle Ave Baltimore
5. *Full Name of Mother* Mrs. Geo Beck. (Christian name not known)
6. *Mother's Maiden Name* (Not known)
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo Beck
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Chas W. Chancellor M.D.

Address 174 Argyle Ave, Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3776

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th
4. Place of Birth (Street and Number)	132 McCulloh St
5. Full Name of Mother	Louisa A. Peters
6. Mother's Maiden Name	Louisa A. Nelson
7. Mother's Birthplace	Maryland
8. Full Name of Father	Sylv. T. Peters
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Simms
Address	148 Mul. St.
Remarks	Child healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June th 18 1875
4. *Place of Birth (Street and Number)* Orchard Street No 20 Baltimore
5. *Full Name of Mother* Eleanor Skippard
6. *Mother's Maiden Name* Eleanor Spriggs
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Skeppard
9. *Father's Occupation* diagmon
10. *Father's Birthplace* Chester town

Name of Medical Attendant, or other Person who makes this Return. Chester A Bardley Dr

Address 85 Orchard Street

Remarks

3778

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 11/1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth June 18th 1875
4. Place of Birth (Street and Number) Philadelphia Road
5. Full Name of Mother Henrietta Hutchins
6. Mother's Maiden Name " Cooper
7. Mother's Birthplace Kent Island Md
8. Full Name of Father John A. Hutchins
9. Father's Occupation Laborer
10. Father's Birthplace Kent Island Md

Name of Medical Attendant, or other Person who makes this Return. Henrietta Hutchins

Address Philadelphia

Remarks This child was born Feble and lived only about 6 hours.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3779

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 18th
4. *Place of Birth* (Street and Number) No 208 East Eager St.
5. *Full Name of Mother* Louisa Geis
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* John Bartzen
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. David Hillegeist

Address No 182 Monument St.

Remarks

3780

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* June 18th 1875
4. *Place of Birth* (Street and Number) 91 Albermale
5. *Full Name of Mother* Margareth Agnes Powers
6. *Mother's Maiden Name* " " Bailey
7. *Mother's Birthplace* New Bedford Boston Mass.
8. *Full Name of Father* John George Powers
9. *Father's Occupation* Hatter
10. *Father's Birthplace* Baltimore County md

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dauschmd

Address 27 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3781

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 18th 2 o'clock A.M.
4. Place of Birth (Street and Number) 3 Bennett St Canton
5. Full Name of Mother Julia Ann Jones
6. Mother's Maiden Name Julia A. Dille
7. Mother's Birthplace City of Baltimore
8. Full Name of Father James Henry Jones
9. Father's Occupation Labor
10. Father's Birthplace City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Ingham M.D.

Address 28 O Donnell St

Remarks Was call in to deliver the Plesenta which was formley adhered

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Morning 3 o'clock 18 June 1875
4. Place of Birth (Street and Number)	No 130 Carrollton Av
5. Full Name of Mother	Cathrine Elisabeth Spamer
6. Mother's Maiden Name	Hintzerling
7. Mother's Birthplace	Baumbach Hessen Europ
8. Full Name of Father	Henry Spamer
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	Martin Fitz Dr M. D.
Address	Saint Bond N 75
Remarks	Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 6h 50m A. M. 18th June, 1875.
4. Place of Birth (Street and Number) No 158 German St. Balt. City.
5. Full Name of Mother Ellen Eastman
6. Mother's Maiden Name Ellen Bird
7. Mother's Birthplace Greene County Pennsylvania
8. Full Name of Father John Clays Eastman
9. Father's Occupation Farmer
10. Father's Birthplace Vermont

Name of Medical Attendant, or other Person who makes this Return. Wm. S. Worth M.D.

Address 83 Franklin St formerly [illegible]

Remarks Duration of labor about four hours

W. S. W.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3784

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) I
2. Race or Color (if not of the white race) W
3. Date of Birth June 18 1875
4. Place of Birth (Street and Number) 118 Myrtle Av
5. Full Name of Mother A E Kris
6. Mother's Maiden Name " Shaw
7. Mother's Birthplace Baltimore
8. Full Name of Father W J Kris
9. Father's Occupation Conveyancer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Richard McSherry M.D.

Address 189 N Howard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3785
3786

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eighth twins

1. *Sex (state whether Male or Female)* 2 Male children

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 18th 1875

4. *Place of Birth (Street and Number)* No 276 Argyle St. Baltimore Md.

5. *Full Name of Mother* Emilia Brackmeyer.

6. *Mother's Maiden Name* Emelia Bruch

7. *Mother's Birthplace* Prussia Germany

8. *Full Name of Father* Richard Brackmeyer

9. *Father's Occupation*

10. *Father's Birthplace* Bavaria Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr. M. L. Butts

Address No 209 Monument St. cor. of Central Avenue

Remarks They are both well

3787

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th 1875
4. Place of Birth (Street and Number)	65. Grindale St
5. Full Name of Mother	Martha Ridings
6. Mother's Maiden Name	Martha Graysham
7. Mother's Birthplace	England
8. Full Name of Father	Geo. W. Ridings
9. Father's Occupation	Machinist
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D
Address	17 Warren Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth June 18th 1875
4. Place of Birth (Street and Number) #126 S. Durham St.
5. Full Name of Mother Mariah Locks
6. Mother's Maiden Name Maria Willson
7. Mother's Birthplace
8. Full Name of Father Coker Locks
9. Father's Occupation Horseler
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Seaton

Address #111 S Dallas Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 22 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	~~nine~~
1. Sex (state whether Male or Female)	~~male~~ female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 18th 1875.
4. Place of Birth (Street and Number)	110. Pearl Street
5. Full Name of Mother	Elisabeth Lammers
6. Mother's Maiden Name	E. H. Kuper
7. Mother's Birthplace	Oldenburg Germany
8. Full Name of Father	Jacob J. Lammers
9. Father's Occupation	Tinner
10. Father's Birthplace	Holstein Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenck
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	Col'd
3. *Date of Birth*	June 18th 1875
4. *Place of Birth (Street and Number)*	317 S. Howard St
5. *Full Name of Mother*	Mary Gross
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	Henry Smith
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Christina Gross
Address	317 S Howard
Remarks	This child Lived only 4 days

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth child

1. Sex (state whether Male or Female) healthy female
2. Race or Color (if not of the white race) black
3. Date of Birth 18th of june
4. Place of Birth (Street and Number) Harmony laine ~~6~~ 1
5. Full Name of Mother Heneyeta Brisco
6. Mother's Maiden Name Heneyeta Brisco
7. Mother's Birthplace baltimore
8. Full Name of Father Edward Holida
9. Father's Occupation Hodcarier
10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address Clinton avenue

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 18th

4. Place of Birth (Street and Number) 47 Parker St

5. Full Name of Mother M. S. Goodwin

6. Mother's Maiden Name " Thomas

7. Mother's Birthplace Balto City

8. Full Name of Father J. S. Goodwin

9. Father's Occupation Peddler

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. W. H. Orem M.D.

Address Paca Fay Ellis Sts

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3793
3794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th & 6th

1. Sex (state whether Male or Female) Males
2. Race or Color (if not of the white race)
3. Date of Birth July 1st
4. Place of Birth (Street and Number) 127 Franklin St
5. Full Name of Mother May Donley
6. Mother's Maiden Name
7. Mother's Birthplace Washington D.C.
8. Full Name of Father Barney Donley
9. Father's Occupation Policeman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. H. Levin M.D.

Address Pacific Post

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3795

HEALTH DEPARTMENT JUL 5 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 19th 1875.

4. Place of Birth (Street and Number) Charles St Av: — Resid 272 W Fayette St

5. Full Name of Mother Katie Drakely

6. Mother's Maiden Name Katie Cassa Ld

7. Mother's Birthplace Baltimore

8. Full Name of Father Geo Drakely

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address 121 W. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) American White
3. Date of Birth June 19th 1875
4. Place of Birth (Street and Number) Mc. Elderry St. 10
5. Full Name of Mother Magaretha Osenburg
6. Mother's Maiden Name Magaretha Yeer
7. Mother's Birthplace Emden Europe
8. Full Name of Father William H. Osenburg
9. Father's Occupation Grocer dealer
10. Father's Birthplace Hamburg Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Albig

Address No 48 Holland St Balto md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3797

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 19
4. Place of Birth (Street and Number)	180 Register St
5. Full Name of Mother	Elisabeth Lemmermann
6. Mother's Maiden Name	Elisabeth Sammer
7. Mother's Birthplace	Hannover
8. Full Name of Father	Friderich Lemmermann
9. Father's Occupation	Labor
10. Father's Birthplace	Lemke - Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Paca St
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3798.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 19th of June
4. Place of Birth (Street and Number) Cathedral St. No. 369
5. Full Name of Mother Katherine Gosnell
6. Mother's Maiden Name Katherine Hintz
7. Mother's Birthplace Baltimore
8. Full Name of Father James Gosnell
9. Father's Occupation Well Digger
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth June 19
4. Place of Birth (Street and Number) Tallar st 33
5. Full Name of Mother Standye thompson
6. Mother's Maiden Name Standaye tallar
7. Mother's Birthplace Sumersett co Md
8. Full Name of Father Charles thompson
9. Father's Occupation Sailor
10. Father's Birthplace Sumersett co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Clah Johnson

Address 32 short st

Remarks healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth June the 19
4. Place of Birth (Street and Number) No 16 Wilcox st.
5. Full Name of Mother Bridget, Farrington.
6. Mother's Maiden Name Bridget, Doud.
7. Mother's Birthplace C, Roscommon, Ireland.
8. Full Name of Father James, Farrington.
9. Father's Occupation Laborer.
10. Father's Birthplace County Roscommon Ireland.

Name of Medical Attendant, or other Person who makes this Return. Vrsula J. Chrisme

Address 129 S Monument St Baltimore City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d~~, 3d, &c.) Second.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* June 7. 1875.
4. *Place of Birth* (Street and Number) Bruna ave 646.
5. *Full Name of Mother* Maria Martin
6. *Mother's Maiden Name* " Pannaschmidt
7. *Mother's Birthplace* Hessen Darmstadt (Germ)
8. *Full Name of Father* John Martin
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Bavaria.

Name of Medical Attendant, or other Person who makes this Return. Mr Kerr

Address 328 South Eutaw St Balt Md.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether Male or~~ Female) White

2. Race or Color (if not of the white race)

3. Date of Birth June 19th 1875

4. Place of Birth (Street and Number) 112 Mulberry St

5. Full Name of Mother Ann M. Kelly

6. Mother's Maiden Name Ann M. Whelan

7. Mother's Birthplace Wexford, Ireland

8. Full Name of Father Bernard J. Kelly

9. Father's Occupation Carpenter

10. Father's Birthplace Boston, Mass

Name of Medical Attendant, or other Person who makes this Return. John J. A. Boyce, M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

✓ 3803

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Children

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth 19 of June
4. Place of Birth (Street and Number) No. 396. Hanover St.
5. Full Name of Mother Mary Meconmach
6. Mother's Maiden Name Mary Counere.
7. Mother's Birthplace Baltimore
8. Full Name of Father ~~Tir~~ ~~Sweter~~ Joseph Meconmach.
9. Father's Occupation Tir Sweter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West. St. No. 128.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3804

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 of June.
4. Place of Birth (Street and Number)	Johnson St. No. 24.
5. Full Name of Mother	Lizzie Litinspie
6. Mother's Maiden Name	Lizzie Dungan
7. Mother's Birthplace	State ohio.
8. Full Name of Father	Robert Litinspie
9. Father's Occupation	Laber.
10. Father's Birthplace	State of virginea
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Martin
Address	West St. No. 128.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3805

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) W

3. Date of Birth June 19th 1875

4. Place of Birth (Street and Number) 316 Preston st

5. Full Name of Mother Mary Flynn Linn

6. Mother's Maiden Name Mary Flynn

7. Mother's Birthplace Ireland

8. Full Name of Father Charles ~~Linn~~ Linn

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. C Maslow

Address 123 McCulloh st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~3791~~
3806

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth the 18 of june
4. Place of Birth (Street and Number) No 44. Sommerst St
5. Full Name of Mother Maria Margreta Wehner
6. Mother's Maiden Name Margreta Lurz
7. Mother's Birthplace Geboren in Baltimore
8. Full Name of Father John Wehner
9. Father's Occupation Geschäft ein Schneider
10. Father's Birthplace Geboren in Stangenrot Beren.

Name of Medical Attendant, or other Person who makes this Return. Walburger Müller

Address Stirling St No 165

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3807

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 19th June 75
4. Place of Birth (Street and Number) 166 Central Av
5. Full Name of Mother Annie Mary Beard
6. Mother's Maiden Name " " Werlinbacher
7. Mother's Birthplace Frederick Md.
8. Full Name of Father Jas. Emery Beard
9. Father's Occupation Blacksmith
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. W. Wayson

Address 18 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3808

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 17th of June 1875
4. Place of Birth (Street and Number) 14th Columbia Ave
5. Full Name of Mother Ella Andersuhren
6. Mother's Maiden Name Ella Auerman
7. Mother's Birthplace Pas Ct Bern Schweiz
8. Full Name of Father Louis Andersuhren
9. Father's Occupation Wood Turner
10. Father's Birthplace Laru Schweiz

Name of Medical Attendant, or other Person who makes this Return. Mrs Magdalena Sommerlett

Address 28 Pearl St

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3809

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. *Sex* (state whether Male or Female)	boy
2. *Race or Color* (if not of the white race)	wight
3. *Date of Birth*	19 June
4. *Place of Birth* (Street and Number)	~~No~~ 3rd avenue
5. *Full Name of Mother*	Tracy Hoffman
6. *Mother's Maiden Name*	Tracy Gelmyer
7. *Mother's Birthplace*	m D
8. *Full Name of Father*	John Hofmann
9. *Father's Occupation*	Cutter
10. *Father's Birthplace*	M D
Name of Medical Attendant, or other Person who makes this Return.	Anne Goelin
Address	3. avenue Canton
Remarks	the child is male

.3810

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 19.
4. Place of Birth (Street and Number)	No 145 Henriette st
5. Full Name of Mother	Mary Wainer
6. Mother's Maiden Name	" Wainer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Wainer
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Siemon
Address	No 70 Granby st
Remarks	

3811

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 "Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 Mo 19 " 1875
4. Place of Birth (Street and Number)	463 N Eutaw St
5. Full Name of Mother	Catherine Horner
6. Mother's Maiden Name	Catherine J Wrester
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jno A Horner
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	W. Riley M. D.
Address	47 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth (10th)

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth Saturday June 19th 1875.
4. Place of Birth (Street and Number) 218 East Chase Street
5. Full Name of Mother Barbara Herbert
6. Mother's Maiden Name Barbara Schriefer
7. Mother's Birthplace Bavarin Germany
8. Full Name of Father Andrew Herbert
9. Father's Occupation Tailor
10. Father's Birthplace Bavarin Germany

Name of Medical Attendant, or other Person who makes this Return. Sr Feldner M.D.

Address 29 S. Sharp Street

Remarks This child was born prematurely, (6 mos) but was alive at birth.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3813

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Five children

1. Sex (state whether Male or Female) Baltimore Female
2. Race or Color (if not of the white race) White
3. Date of Birth On the 14th of June 1875.
4. Place of Birth (Street and Number) Castle street No. 18. ~~1875~~
5. Full Name of Mother Katharine Amrhein.
6. Mother's Maiden Name " " Büchner.
7. Mother's Birthplace Oberriedenberg Baiern.
8. Full Name of Father Joseph Amrhein
9. Father's Occupation Carpentermaker
10. Father's Birthplace Reussendorf Baiern

Name of Medical Attendant, or other Person who makes this Return. Miss. Leder.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 19. of June
4. Place of Birth (Street and Number) Dallesstrett N 311.
5. Full Name of Mother Helena Langhirt
6. Mother's Maiden Name Helena Albrecht
7. Mother's Birthplace geboren in Hettingen in Großherzogtum Baden
8. Full Name of Father Sebastian Langhirt
9. Father's Occupation geschäft ein Schneider
10. Father's Birthplace geboren zu Heugrumbach in Bayern

Name of Medical Attendant, or other Person who makes this Return. Halburga Müller

Address Stirling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 20th 1875.
4. Place of Birth (Street and Number)	#343 Canton Ave.
5. Full Name of Mother	Annie Sinne Ruppelt.
6. Mother's Maiden Name	Annie Sinne
7. Mother's Birthplace	America
8. Full Name of Father	Conr Ruppelt.
9. Father's Occupation	Broom Maker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Wm Mary E. Simms.
Address	No 178 S Chapel St.
Remarks	Fells Point

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 20. 1875
4. Place of Birth (Street and Number) 178 W. Lombard.
5. Full Name of Mother Carrie Cavalier
6. Mother's Maiden Name Kamerer
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Cavalier
9. Father's Occupation Book Keeper
10. Father's Birthplace ~~Germany~~ Jefferson Co. - Va.

Name of Medical Attendant, or other Person who makes this Return. [illegible] McKemp

Address 55 N. Green St

Remarks See document file for marriage license.

Filed under Reg. No. A 3816.

J E Wehn - Reg.
4-9-1940.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3817

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 20th 1875
4. Place of Birth (Street and Number)	Md Lying in Asylum 163 W. Lombard St
5. Full Name of Mother	Lizzie Kent
6. Mother's Maiden Name	Dann
7. Mother's Birthplace	Virginia
8. Full Name of Father	Thomas Ward
9. Father's Occupation	Salesman
10. Father's Birthplace	Balto County Md
Name of Medical Attendant, or other Person who makes this Return.	Wm. A. Giesbo M.D.
Address	Resident Physician
Remarks	Md Lying in Asylum

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3818

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	20th of June
4. *Place of Birth (Street and Number)*	No. 402 Hanover St.
5. *Full Name of Mother*	Mary Hess
6. *Mother's Maiden Name*	Mary Leirton
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Hess
9. *Father's Occupation*	Pilot
10. *Father's Birthplace*	Ireland Co.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3819

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 20-1875
4. Place of Birth (Street and Number)	90 Jackson Sq.
5. Full Name of Mother	Sarah Young.
6. Mother's Maiden Name	Sarah Applegarth.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Capt. Geo. N. Young.
9. Father's Occupation	Mariner.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Dr. F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Child in good physical condition, notwithstanding the Mother had an Epileptic Convulsion (to which she is subject) at the time of his birth.

3820

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 of June 1875.
4. Place of Birth (Street and Number)	Int Pelter St. 56.
5. Full Name of Mother	Mrs Leistner
6. Mother's Maiden Name	Gaster Mainty
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Leistner
9. Father's Occupation	Baltimore
10. Father's Birthplace	Laeber
Name of Medical Attendant, or other Person who makes this Return.	Mary Magarenis
Address	Russel St No 70.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3821

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seconds
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th of June
4. Place of Birth (Street and Number)	No 110. Duncan Al.
5. Full Name of Mother	Mary Sakers
6. Mother's Maiden Name	Mary Shepfard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Marcellus Sakers
9. Father's Occupation	Puddler
10. Father's Birthplace	~~Balt~~ Ellicotts Mills
Name of Medical Attendant, or other Person who makes this Return	Louisa Wiley
Address	No 12 Paterson Park Avenue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

3822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 20th 75
4. Place of Birth (Street and Number) 105 Stirling
5. Full Name of Mother Eliza Ann Williams
6. Mother's Maiden Name " " McPherson
7. Mother's Birthplace Anne Arundel Co. Md
8. Full Name of Father Lewis Williams
9. Father's Occupation Wagoner
10. Father's Birthplace Balto. County Md

Name of Medical Attendant, or other Person who makes this Return Dr. Geo M. Wayson.

Address 18 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3823

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.) 11.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 20th 75
4. Place of Birth (Street and Number) Central Av & John St
5. Full Name of Mother Mary Teresa Wicker
6. Mother's Maiden Name Barney
7. Mother's Birthplace Philadelphia. Penn.
8. Full Name of Father Abraham Wicker
9. Father's Occupation Grocer
10. Father's Birthplace Balti. Co. Md
Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. H. Grayson.
Address 18 Aisquith St
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth 20 June.

4. Place of Birth (Street and Number) Aisquit street. second [illegible]

5. Full Name of Mother Anna Carroll

6. Mother's Maiden Name Anna Burnsow

7. Mother's Birthplace Baltimore

8. Full Name of Father Louis F Carroll

9. Father's Occupation cop maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Rees

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3825

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Twentieth day of June at ¼ to Eleven A.M.
4. Place of Birth (Street and Number)	445 Central Avenue.
5. Full Name of Mother	Mary Ellen Starr
6. Mother's Maiden Name	" " Lutz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Washington Starr jr
9. Father's Occupation	Plasterer
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	E. H. Starr M.D.
Address	No. 16 N. Liberty, Front Baltimore Balt. Co. Md.
Remarks	breech presentation, first position, labor of three hours duration

June 24th 1875

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3826

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th days June
4. *Place of Birth (Street and Number)* 37 N. High St
5. *Full Name of Mother* Annie D. Reall
6. *Mother's Maiden Name* Annie D. Fowler
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Benjamin Reall
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Balto City Md

Name of Medical Attendant, or other Person who makes this Return. Physician M D

Address 349 N Amity Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 5

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 20 Juni ~~Hennerfeten Strit~~
4. Place of Birth (Street and Number) 156 Hennerfeten Strit
5. Full Name of Mother Cathrina Ottenwalt
6. Mother's Maiden Name Ca Hober
7. Mother's Birthplace Deutschland
8. Full Name of Father Heinrich Ottenwalt
9. Father's Occupation Hand Arbeiter
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Cathrina Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth June 20th 1875
4. Place of Birth (Street and Number) 187 Conway St
5. Full Name of Mother Janett C Jones
6. Mother's Maiden Name Rae
7. Mother's Birthplace Balto City
8. Full Name of Father George Thomas Jones
9. Father's Occupation Iron Moulder
10. Father's Birthplace Ohio

Name of Medical Attendant, or other Person who makes this Return. J H Currey

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th June 1875
4. *Place of Birth (Street and Number)* No 244 Central Avenue Balto Md.
5. *Full Name of Mother* F. Schumacker
6. *Mother's Maiden Name* F. Milcher.
7. *Mother's Birthplace* Sibilla Germany
8. *Full Name of Father* W. C. Schumacher
9. *Father's Occupation* Tinner.
10. *Father's Birthplace* Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull

Address No 209. Monument St. Cor. of Central Avenue.

Remarks Favorable well

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* ~~White~~ Colored
3. *Date of Birth* June 20. 1875
4. *Place of Birth (Street and Number)* Waters Court #1. near Biddle Street
5. *Full Name of Mother* Annie Homes
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Martinsburg. Va
8. *Full Name of Father* Thomas Homes
9. *Father's Occupation* Driver
10. *Father's Birthplace* ~~Mississippi~~ Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. L. L. Browne M. D.

Address 307 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First -
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	Colloud
3. Date of Birth	20
4. Place of Birth (Street and Number)	no 6 Jefferman St
5. Full Name of Mother	Coraline Robinson
6. Mother's Maiden Name	do do
7. Mother's Birthplace	Balt
8. Full Name of Father	dont Know
9. Father's Occupation	do do
10. Father's Birthplace	do do
Name of Medical Attendant, or other Person who makes this Return.	Elisebeth Dogan
Address	Front no 157
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 20th 1875
4. *Place of Birth (Street and Number)* Cumberland Street 19
5. *Full Name of Mother* Annie
6. *Mother's Maiden Name* Grady
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Robert Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. A. E. Stein, M.D.

Address 137 N. Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3833

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 20th 1875
4. Place of Birth (Street and Number) 510 Wheeldy St Eastenden
5. Full Name of Mother Nancy Pinket
6. Mother's Maiden Name Nancy Banks
7. Mother's Birthplace Dorchester County Md
8. Full Name of Father John Pinket
9. Father's Occupation Sed
10. Father's Birthplace Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. Liendy Woolford midwife

Address 130 E Register St Baltimore City Md

Remarks it is in good condition much charge for

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

38314

HEALTH DEPARTMENT JUN 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 21st 1875.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 20th 1875.
4. Place of Birth (Street and Number) No 283 Canton ave.
5. Full Name of Mother Maggie Hafner.
6. Mother's Maiden Name Maggie Kuenstler
7. Mother's Birthplace Germania
8. Full Name of Father Conrad Hafner
9. Father's Occupation Laborer.
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend.

Address No 137 S. Wolfe St.

Remarks

3835

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First -

1. *Sex (state whether Male or Female)* Male -
2. *Race or Color (if not of the white race)* -
3. *Date of Birth* June 20th 1875 -
4. *Place of Birth (Street and Number)* No. 1 N. Carey st -
5. *Full Name of Mother* Cornelia S. Holbrook
6. *Mother's Maiden Name* Cornelia S. Gordon -
7. *Mother's Birthplace* New Haven, Conn -
8. *Full Name of Father* Edward H. Holbrook. M.D.
9. *Father's Occupation* Physician
10. *Father's Birthplace* Somerset County. Md -

Name of Medical Attendant, or other Person who makes this Return. E. H. Holbrook. M.D.

Address No. 1 N. Carey st -

Remarks This record has been unintentionally delayed, my time being much employed up to the present date.

3836

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th. June 1875
4. Place of Birth (Street and Number)	Hoffman R. extended W. brick yard
5. Full Name of Mother	Eliza A. Elgason
6. Mother's Maiden Name	Eliza A. Rogers
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	W. Elgason
9. Father's Occupation	Brick maker.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butler
Address	No 209 Monument St. cor. of Central ave.
Remarks	Well.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3837

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 20 Juni
4. *Place of Birth (Street and Number)* 278 Schaf Strit
5. *Full Name of Mother* Anna Jackob
6. *Mother's Maiden Name* Anna Leutner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Jackob
9. *Father's Occupation* Zimmer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

Leaderhall

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Jun. 20. 75
3. *Date of Birth*	
4. *Place of Birth* (Street and Number)	250 Allegany St
5. *Full Name of Mother*	Rosine ~~Adam~~ Horning
6. *Mother's Maiden Name*	Rosine Henstetter
7. *Mother's Birthplace*	Germanie
8. *Full Name of Father*	Adam Horning
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank St
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 7 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 21st 1875
4. Place of Birth (Street and Number)	63 Stirling St.
5. Full Name of Mother	Elizabeth G. Watkins
6. Mother's Maiden Name	Elizabeth G. Riley
7. Mother's Birthplace	Ohio
8. Full Name of Father	Nicholas A. Watkins.
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. W. Hinck M.D.
Address	95 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3849

HEALTH DEPARTMENT JUL 9 1895 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 21st 1895

4. Place of Birth (Street and Number) 116 Lee St.

5. Full Name of Mother Martha Snyder

6. Mother's Maiden Name Martha Baurgelt

7. Mother's Birthplace Baltimore

8. Full Name of Father Jno H. Snyder

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Mittenberger

Address 121 W. Monument St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3841

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) This is the 2 Child the first was a Boy still born

1. *Sex (state whether Male or Female)* This is a female living

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* On Monday the 21 of June 1875

4. *Place of Birth (Street and Number)* No. 86 Eastern avenue. Baltimore. Md.

5. *Full Name of Mother* Cathrian. Wiglien.

6. *Mother's Maiden Name* Cathrian. Reas.

7. *Mother's Birthplace* On Eastern avenue. Baltimore. Md.

8. *Full Name of Father* Conrad. Wiglien

9. *Father's Occupation* Copper. by Trade.

10. *Father's Birthplace* On Bank Street Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No 298 South Bond str

Remarks She is Healty.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 21 Jany
4. Place of Birth (Street and Number) Baltimore Dental 133
5. Full Name of Mother Katharina Kuterle
6. Mother's Maiden Name Katharina Beran
7. Mother's Birthplace Shitar in Boh.
8. Full Name of Father John Kuterle
9. Father's Occupation laborer
10. Father's Birthplace Slipowitz in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address 69. Washington St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3843

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 21st 1875
4. Place of Birth (Street and Number)	98 Tyson St.
5. Full Name of Mother	Catharine Chambers.
6. Mother's Maiden Name	Catherine Holmes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alfred Stanly Chambers
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Wannebergen
Address	23 N. Liberty St.
Remarks	

3844

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 23 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 21st of June 1875

4. Place of Birth (Street and Number) No. 66 N. Broadway

5. Full Name of Mother Mrs. Isabella M. Leonard

6. Mother's Maiden Name Miss Isabella M. Parks

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Mr. Charles G. Leonard

9 Father's Occupation Clerk

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Edmunson M.D.

Address No. 93 N. Broadway

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

38113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 21st, 1875
4. Place of Birth (Street and Number) No 103 N. Amity
5. Full Name of Mother Mrs. Georgiana E. Walker
6. Mother's Maiden Name Miss Georgiana E. Irving
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. Samuel T. Walker
9. Father's Occupation Printer
10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M.D.

Address No. 93 North Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3846

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth June 21st 1875 – 188 Argyle Ave.
4. Place of Birth (Street and Number)
5. Full Name of Mother Georgiana M. Deford.
6. Mother's Maiden Name Georgiana M. Brady.
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Thomas G. Deford.
9. Father's Occupation Book Keeper.
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3814

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June the 21
4. *Place of Birth (Street and Number)* No. 300. Greenmount Avenue
5. *Full Name of Mother* Margret Hogan
6. *Mother's Maiden Name* Margret Gilnaugh
7. *Mother's Birthplace* Harrisburg. Pa
8. *Full Name of Father* John Hogan
9. *Father's Occupation* Stone Mason
10. *Father's Birthplace* County Kilkenny Ireland

Name of Medical Attendant, or other Person who makes this Return. Vincent S Chrisine

Address 129 E Monument St Baltimore City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3848

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 21
4. Place of Birth (Street and Number) Spring st No 97
5. Full Name of Mother Clara Schuman
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father William Deleman
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address No 70 Granby st

Remarks Not Married.

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3849

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE.

Name of child: John Albert Weiss

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June (Jan) 21
4. Place of Birth (Street and Number) Granby st No 91
5. Full Name of Mother Cristina (Weis) Weiss
6. Mother's Maiden Name " Miller
7. Mother's Birthplace Wirtenburg
8. Full Name of Father William (Weis) Weiss
9. Father's Occupation Cooper
10. Father's Birthplace Wirtenburg

Name of Medical Attendant, or other Person who makes this Return. Sophia Seeman

Address No. 70 Granby st

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3850

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 21st 1875

4. Place of Birth (Street and Number) No 313 East Biddle Street

5. Full Name of Mother Margaret Collins

6. Mother's Maiden Name Margaret Stebler

7. Mother's Birthplace Baltimore

8. Full Name of Father John H Collins

9. Father's Occupation Book Keeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jas Montgomery M.D.

Address No 273 Madison Avenue

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 21st, 75.
4. Place of Birth (Street and Number) 138 Central ave.
5. Full Name of Mother Christina Martaga
6. Mother's Maiden Name " Briller
7. Mother's Birthplace Germany
8. Full Name of Father Ferdinand Martaga
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 N. Bond st.

Remarks

Extract Regulations of the Board of Health, Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 21 1875
4. Place of Birth (Street and Number) 13 Scott
5. Full Name of Mother Mary
6. Mother's Maiden Name Gaffin
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo L Barman
9. Father's Occupation House & Sign Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Fd. Kemp M.D.

Address 55 N Gunn

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3853

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3. Childern

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Witho
3. Date of Birth 21. of June
4. Place of Birth (Street and Number) No. 4 Weber St.
5. Full Name of Mother Cathairan Berbrich.
6. Mother's Maiden Name Cathairan Wagner.
7. Mother's Birthplace Baltimore
8. Full Name of Father Josephf. Berbrich
9. Father's Occupation Laber
10. Father's Birthplace New State Hurhorsen.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martr

Address West. St. No. 128.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3854

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2?
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 21-1875.
4. Place of Birth (Street and Number)	191 N. Caroline St.
5. Full Name of Mother	Rebecca Hutchins.
6. Mother's Maiden Name	Rebecca Smith.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Wm. J. Hutchins
9. Father's Occupation	Painter.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jn: F. Powell M.D.
Address	72 E. Pratt St.
Remarks	Child's physical condition good.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 chail June 21 1875

1. Sex (state whether Male or Female) male chile
2. Race or Color (if not of the white race) Color
3. Date of Birth June 21. 1875
4. Place of Birth (Street and Number) Kainge-Stee. No. 52
5. Full Name of Mother mary Sus Je Foster
6. Mother's Maiden Name mary Forstor
7. Mother's Birthplace
8. Full Name of Father charls-lemel Farstor
9. Father's Occupation Work on the Wafft
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return 9. Days ten den

Address No 25 Stock hollom Stee.

Remarks

Extract Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3856

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 21th 1875
4. *Place of Birth (Street and Number)* N. Bond St. No, 54
5. *Full Name of Mother* Mary Reynolds
6. *Mother's Maiden Name* Mary Mooney
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edward Reynolds
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary C. Muller

Address N. Dallas St. No, 26.

Remarks

Extract Regulations of the Board of Health to secure correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3857

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth June th 21 1875
4. Place of Birth (Street and Number) Baltimore Sarah Ann st 21
5. Full Name of Mother Mary Simpson
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father James Simpson
9. Father's Occupation Sailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gloster Bardly Dr

Address 85 Orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 of June 1875
4. *Place of Birth (Street and Number)* 141 Washington st
5. *Full Name of Mother* Susie Dashiell
6. *Mother's Maiden Name* Susie Lademore
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Dashiell
9. *Father's Occupation* Carver
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 153 Choptank st

Remarks Baltimore city

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3859

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 21. 1875
4. *Place of Birth (Street and Number)* #292 N. Eden st.
5. *Full Name of Mother* Lucy A. Keplinger
6. *Mother's Maiden Name* " " Wells
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Jno. W. Keplinger
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address # 305 N. Caroline st. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3869

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN 22 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 21st 1875
4. Place of Birth (Street and Number)	Baltimore Parkin st No 38
5. Full Name of Mother	
6. Mother's Maiden Name	Margret Ann Baldwin
7. Mother's Birthplace	Howard County
8. Full Name of Father	William Allen
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Mitchell
Address	No. 38 Parkin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3861

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second —
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 9th 1875
4. Place of Birth (Street and Number)	312 Light st
5. Full Name of Mother	Laura Cooper
6. Mother's Maiden Name	" Bier
7. Mother's Birthplace	
8. Full Name of Father	James Cooper
9. Father's Occupation	Huckster
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J Harvey Hill M.D.
Address	90 Hanover st
Remarks	Death to the child resulted from Puerperal Convulsions in the Mother

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 9 Ninth child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wite
3. Date of Birth	21 of June
4. Place of Birth (Street and Number)	Macenrey St near Bantlow
5. Full Name of Mother	Lowreser Smith
6. Mother's Maiden Name	Laserser Smith
7. Mother's Birthplace	Germaney
8. Full Name of Father	John Smith
9. Father's Occupation	Bear driver
10. Father's Birthplace	Germaney
Name of Medical Attendant, or other Person who makes this Return.	Catherine Dool
Address	57 Bantlow St
Remarks	

Extract Regulations of the Board of Health to secure the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 22 ms
4. Place of Birth (Street and Number)	No 5 Peach Alley
5. Full Name of Mother	Catherine Deal
6. Mother's Maiden Name	" " Purnell
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jesse Deal
9. Father's Occupation	Factory
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Milly Robinson
Address	No 7 Mc Creadies Court
Remarks	

38644

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	June 22nd
4. *Place of Birth* (Street and Number)	221 Hamburg Street
5. *Full Name of Mother*	Mary E. Johnson
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	John P. Johnson
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Milly Robinson
Address	87 Cradkins Court
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 22d 1875
4. *Place of Birth (Street and Number)* 254 Central Avenue N-
5. *Full Name of Mother* Maria Ann Schumacher
6. *Mother's Maiden Name* Maria Ann Kreis
7. *Mother's Birthplace* Washington D. C
8. *Full Name of Father* George Schumacher
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Butt

Address Corner of Monument and Central Avenue

Remarks This Child died June 29th of Summer Complaint

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22nd of June
4. Place of Birth (Street and Number)	Cathedral St. No 335
5. Full Name of Mother	Barbara Harris
6. Mother's Maiden Name	Barbara Brushmiller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Harris
9. Father's Occupation	Conductor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 22nd June – 1875
4. Place of Birth (Street and Number) 323 Franklin St
5. Full Name of Mother Mary Frances Roy
6. Mother's Maiden Name " " Kraft
7. Mother's Birthplace Balt. Md
8. Full Name of Father Robert Roy
9. Father's Occupation Bucklayer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W. G. Rider

Address 87 Mulberry St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUN 28 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ninth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 22 June 1875
4. Place of Birth (Street and Number) No 123 Central Avenue Balto. Md
5. Full Name of Mother Louisa Bajicke
6. Mother's Maiden Name, Louisa Scherman
7. Mother's Birthplace Hanover, Germany
8. Full Name of Father Herman Bajicke
9. Father's Occupation Tailor
10. Father's Birthplace Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. M. A. Bard

Address No 209. Monument-St. Cor. Central Avenue

Remarks Favorable Well.

3869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22nd 1875.
4. Place of Birth (Street and Number)	1211 E. Lombard st.
5. Full Name of Mother	Sophia Kneil
6. Mother's Maiden Name	Kaus
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Kneil
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rhodes
Address	134 N. Bond st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3870

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 22nd 1875

4. Place of Birth (Street and Number) Md Lying-in Asylum, 103 W. Lombard St.

5. Full Name of Mother Lizzie Clark

6. Mother's Maiden Name

7. Mother's Birthplace Pa

8. Full Name of Father John Andrews

9. Father's Occupation Cooper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. D. A. Gister Mo

Address Resident Physician, Md. Lying-in Asylum

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3871

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 24 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22d 1875.
4. Place of Birth (Street and Number)	16 Eastern Ave
5. Full Name of Mother	Mary C. Wells
6. Mother's Maiden Name	Mary C. Scott
7. Mother's Birthplace	Liverpool Eng.
8. Full Name of Father	Daniel Wells
9. Father's Occupation	Mariner
10. Father's Birthplace	Anne Arundel Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Jn. F. Powell M.D.
Address	72 E. Pratt St.
Remarks	In labor 30 hours. Instrumental Delivery. Childs physical condition good.

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3872

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Chile

1. Sex (state whether Male or Female) White
2. Race or Color (if not of the white race) Boy
3. Date of Birth 22 of June 1875.
4. Place of Birth (Street and Number) Cross St 446.
5. Full Name of Mother Mis Werts
6. Mother's Maiden Name Sarah Frances
7. Mother's Birthplace Baltimer
8. Full Name of Father Jeremiah Wart
9. Father's Occupation Laber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Mazarenus

Address Bussell St No 70

Remarks

3873

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	June 22nd
4. *Place of Birth* (Street and Number)	No. 46 N. Castle st.
5. *Full Name of Mother*	Bertha Metzler
6. *Mother's Maiden Name*	Arnst.
7. *Mother's Birthplace*	Silesia, Germany
8. *Full Name of Father*	Heinrich Franz Metzler
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Saxony, Germany
Name of Medical Attendant, or other Person who makes this Return.	Chas. J. Klueber M.D
Address	No 222 N. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3874

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22d 1875
4. Place of Birth (Street and Number)	268 N. Bond St.
5. Full Name of Mother	Mary Cole
6. Mother's Maiden Name	
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	Andrew J. Cole
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	Philadelphia Pa.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M. D.
Address	441 Penna Ave
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22
4. *Place of Birth (Street and Number)* Baltimore Stricker st 19 1875
5. *Full Name of Mother* Mary Jane King
6. *Mother's Maiden Name* Mary Jane Davis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph King
9. *Father's Occupation* Switch Tender for the railroad
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Fahrenwald

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3876

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth June 22d 1875
4. Place of Birth (Street and Number) N. Caroline St. No. 41.
5. Full Name of Mother Mary Nixon
6. Mother's Maiden Name Mary Trunk.
7. Mother's Birthplace New York City, State. New York
8. Full Name of Father John Nixon
9. Father's Occupation Steam Fitter
10. Father's Birthplace New York City State New York

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3877

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* German parentage
3. *Date of Birth* June 22nd 1875
4. *Place of Birth (Street and Number)* 98 N Gun St.
5. *Full Name of Mother* Catharine Elizabeth Wiederhold
6. *Mother's Maiden Name* Loewer
7. *Mother's Birthplace* Loetzelwig Germany (Prussia)
8. *Full Name of Father* Conrad Wiederhold
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Rodemann Prussia

Name of Medical Attendant, or other Person who makes this Return. W. R. Way

Address 19 South Broadway

Remarks parties doing well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22nd. 1875
4. Place of Birth (Street and Number)	No 401 Eutaw st.
5. Full Name of Mother	Cristine Keller
6. Mother's Maiden Name	Bach.
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Keller
9. Father's Occupation	Laborer.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaier. midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3879

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 22nd. 1875.
4. *Place of Birth (Street and Number)* 695. W. Fayette.
5. *Full Name of Mother* Emma K. Doine
6. *Mother's Maiden Name* Emma K. Siegelen
7. *Mother's Birthplace* Unity. Columbian Co. O.
8. *Full Name of Father* George William Doine
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Creuznach. Germany

Name of Medical Attendant, or other Person who makes this Return. J. Wm. Wall M.D.

Address 18. So. Eutaw, City

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born (if) or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3880

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth –
1. Sex (state whether Male or Female)	~~White~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22 1875
4. Place of Birth (Street and Number)	140 Little Green st
5. Full Name of Mother	Amanda Wise –
6. Mother's Maiden Name	" Erdman
7. Mother's Birthplace	Baltimore Co Md
8. Full Name of Father	Saml A. Wise –
9. Father's Occupation	Nightman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J Harvey Hill MD
Address	90 Hanover st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23rd June 1875
4. *Place of Birth (Street and Number)* 157 Jefferson st Balt
5. *Full Name of Mother* Melissa Barlow
6. *Mother's Maiden Name* Melissa A. Rhodrick
7. *Mother's Birthplace* Sharpsburg Md
8. *Full Name of Father* Wm F. Barlow
9. *Father's Occupation* Carpet Dealer
10. *Father's Birthplace* Howard County Md

Name of Medical Attendant, or other Person who makes this Return. John F. Conner

Address N W Cor Bald & Broadway

Remarks none

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twelfth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 23 1875
4. Place of Birth (Street and Number) 19 S. High St
5. Full Name of Mother Emma Castelberg
6. Mother's Maiden Name Emma Rodberg
7. Mother's Birthplace Poland
8. Full Name of Father I. Castelberg
9. Father's Occupation Merchant
10. Father's Birthplace Poland

Name of Medical Attendant, or other Person who makes this Return. G. W. Mittenberger

Address 121 W. Monument

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 23d 1875
4. Place of Birth (Street and Number)	244 Lemen St
5. Full Name of Mother	Elizabeth Dill
6. Mother's Maiden Name	Elizabeth Lotz
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm Henry Dill
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seibold
Address	Cor Fremont & Pratt St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	June 23, 1875
4. *Place of Birth* (Street and Number)	96 Thames St.
5. *Full Name of Mother*	Annie Tyler
6. *Mother's Maiden Name*	Annie Gill
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Tyler
9. *Father's Occupation*	Seaman
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. McSullivan, M. D.
Address	116 Thames St.
Remarks	

3885

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Femal
2. Race or Color (if not of the white race) White race
3. Date of Birth 23 of June
4. Place of Birth (Street and Number) No 33 Union St.
5. Full Name of Mother Fredrick Wolf.
6. Mother's Maiden Name Fredrick Hess.
7. Mother's Birthplace born in Baltimore County.
8. Full Name of Father John Wolf.
9. Father's Occupation a Candy maker.
10. Father's Birthplace born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Madrif Mrs Theresa Eigeldinger.

Address No 14 Union.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Color
3. Date of Birth June 23 1875
4. Place of Birth (Street and Number) Balto mountgumery st 265
5. Full Name of Mother frances Crowdy
6. Mother's Maiden Name frances Enzey
7. Mother's Birthplace Balto
8. Full Name of Father Daniel Crowdy
9. Father's Occupation in A Bacon Store A & h
10. Father's Birthplace St marys Co Md

Name of Medical Attendant, or other Person who makes this Return. No outher millay

Address No 1 Patapsco Av Gross

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3887

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUNE 25 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 23rd 1845
4. Place of Birth (Street and Number)	109 N Central Av
5. Full Name of Mother	Margaret Greenwood
6. Mother's Maiden Name	Margaret Lee
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Walter Greenwood
9. Father's Occupation	Sign Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saml S Powell M.D.
Address	No 29 Hanover St Balto
Remarks	

RETURN OF A BIRTH.

3888

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The third Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	23d of June
3. Date of Birth	331 Orleans st
4. Place of Birth (Street and Number)	Catherine Agnetw Jones Taylor
5. Full Name of Mother	
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Henry Jones
9. Father's Occupation	Gas inspector
10. Father's Birthplace	Baltimore †
Name of Medical Attendant, or other Person who makes this Return.	Mary Ann Mundle
Address	279 Mc Donogh st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth June 23d 1875
4. Place of Birth (Street and Number) 120 E. Madison St
5. Full Name of Mother Martha Jane Turner
6. Mother's Maiden Name Martha Jane Bonsall
7. Mother's Birthplace Washington
8. Full Name of Father Geo W. Turner
9. Father's Occupation Carpenter
10. Father's Birthplace St Mary's Co.

Name of Medical Attendant, or other Person who makes this Return. Nauk E Baltzell MD

Address 175 St Paul St

Remarks Child alive & in good physical condition

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 23th 1875
4. Place of Birth (Street and Number)	No 67. East st
5. Full Name of Mother	Rose Ehrenhart
6. Mother's Maiden Name	Rose Biegermann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Ehrenhart
9. Father's Occupation	Grosery store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Hena Hallegeist
Address	No 184 monument st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3891

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Wht

3. Date of Birth June 23rd 1875

4. Place of Birth (Street and Number) 224 Gough St.

5. Full Name of Mother Lavina McDonald

6. Mother's Maiden Name Lavina Norris

7. Mother's Birthplace Baltimore city

8. Full Name of Father Inv. McDonald

9. Father's Occupation Sail Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address 117 S. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 24 1875
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	June 23rd 1875
4. Place of Birth (Street and Number)	Cor Mason Alley & Dolphin st
5. Full Name of Mother	Ellen Stanley Clifford
6. Mother's Maiden Name	Ellen Stanley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Clifford
9. Father's Occupation	Paver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	C Winslow
Address	23 M Culloch st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Wednesday, 23rd of June
4. Place of Birth (Street and Number) 149 Tough Street.
5. Full Name of Mother Margaret Sahm
6. Mother's Maiden Name Margaret Herman
7. Mother's Birthplace Baltimore
8. Full Name of Father George F. Sahm
9. Father's Occupation Police Officer.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C Brendel

Address No 208 South Bond Str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3894

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth June 23
4. Place of Birth (Street and Number) 1.23 W. Lexington St
5. Full Name of Mother Sarah E. Whitney
6. Mother's Maiden Name Sarah E. Conner
7. Mother's Birthplace Baltimore City
8. Full Name of Father John A. Whitney
9. Father's Occupation Plumber
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John I. F. Krozer M.D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3895

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 23rd 1875
4. Place of Birth (Street and Number)	69 Division St
5. Full Name of Mother	Louisa Klunk
6. Mother's Maiden Name	Louisa Jones
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Louis Klunk
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Unsworth
Address	214 Preston St
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3896

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 23 1875
4. *Place of Birth (Street and Number)* Baltimore Stricker St. 98
5. *Full Name of Mother* Hanna Cross
6. *Mother's Maiden Name* Hanna Barry
7. *Mother's Birthplace* Martins Berg Va
8. *Full Name of Father* Michel Cross
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Co. Limerick Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. S. Fuburgen

Address

Remarks

RETURN OF A BIRTH.

3897

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	3 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 of June 1875
4. Place of Birth (Street and Number)	354 Durham Street
5. Full Name of Mother	Mäcki Blum
6. Mother's Maiden Name	" " Zinn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Friedreich Blum
9. Father's Occupation	Artist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reiss
Address	No 40 E Fayette Street
Remarks	

Pursuant to Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1898 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 23rd June

4. Place of Birth (Street and Number) 112 E. Eager st

5. Full Name of Mother Sarah Augusta

6. Mother's Maiden Name Foss

7. Mother's Birthplace Rye Beach New Hampshire

8. Full Name of Father John Robinson Adams

9. Father's Occupation Foreman in Maryland Penitentiary Shoe Factory

10. Father's Birthplace Glasgow Scotland

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M.D.

Address 174 E. Eager St.

Remarks

Under Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3899

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24th 1875
4. Place of Birth (Street and Number)	No. 416 Light St
5. Full Name of Mother	Eliza. Mitchell
6. Mother's Maiden Name	Eliza. Langville
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Geo Mitchell
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Eleanora. Stockett.
Address	106 Camburg St
Remarks	Baltimore, Md

Under Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 8 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 24th 1875
4. *Place of Birth (Street and Number)* Montebello Balt. County
5. *Full Name of Mother* Alice W. Garrett
6. *Mother's Maiden Name* Alice Whitridge
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Harrison Garrett
9. *Father's Occupation* Banker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address 114 Park Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifteenth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth June 24th 1875

4. Place of Birth (Street and Number) 428 Orleans St

5. Full Name of Mother Rebecca E. Harris

6. Mother's Maiden Name " " Shumard

7. Mother's Birthplace Prince George Co., Md.

8. Full Name of Father Mathias Harris

9. Father's Occupation Blacking Manufacturer

10. Father's Birthplace Kent Co., Md.

Name of Medical Attendant, or other Person who makes this Return. W. P. White, M.D.

Address No 350 S. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24 of June.
4. *Place of Birth (Street and Number)*	No. 402 Hanover St.
5. *Full Name of Mother*	Margt. Doyle.
6. *Mother's Maiden Name*	Margt. Mullan.
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Michl. Doyle.
9. *Father's Occupation*	Laber.
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128.
Remarks	

3903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Children
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24 of June.
4. *Place of Birth (Street and Number)*	No. 260. Johnson St.
5. *Full Name of Mother*	Mary Brant.
6. *Mother's Maiden Name*	Mary Kispens.
7. *Mother's Birthplace*	Sintine Lorraine
8. *Full Name of Father*	Jorge Brunel
9. *Father's Occupation*	Laber.
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

And under regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3904

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth June 24th 1875

4. Place of Birth (Street and Number) 226 Saratoga St

5. Full Name of Mother Mary Magdalen Dorsey

6. Mother's Maiden Name Mary Magdalen Curtain

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John P Dorsey

9. Father's Occupation Plasterer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesengehl (Midwife)

Address 214 Preston St

Remarks

3905

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Whit race.
3. *Date of Birth* 24 of June
4. *Place of Birth* (Street and Number) No 60 Walnut Alley.
5. *Full Name of Mother* Deaty Hoggs. Deaty Marshel.
6. *Mother's Maiden Name* Deaty Hoggs
7. *Mother's Birthplace* born in Ireland.
8. *Full Name of Father* John Marshel
9. *Father's Occupation* Labrol work
10. *Father's Birthplace* born in Germny.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born lis or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3906

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24th
4. Place of Birth (Street and Number)	Opposite Fulton Depot, no number
5. Full Name of Mother	Mary Morris
6. Mother's Maiden Name	Mary Esau
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Abraham Morris
9. Father's Occupation	Drakeman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	No. 369 Cathedral St.
Remarks	

That any Physician, accoucheur, midwife, or other person who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

The Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

3907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) Black
3. Date of Birth June 24th 1875
4. Place of Birth (Street and Number) No 23 New Church Street
5. Full Name of Mother Anne Waters
6. Mother's Maiden Name Unmarried.
7. Mother's Birthplace Northumberland Cy Virginia
8. Full Name of Father George Shorter
9. Father's Occupation Works about
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H Stan M.D. for aunt Ellen Stubbs Midwife.

Address No 42 Little Sharp Street.

Remarks Premature labour, sixth month, lived twenty five minutes

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

3908

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. Sex (state whether Male or Female) twins male and a female.
2. Race or Color (if not of the white race) white
3. Date of Birth June 24th 1875.
4. Place of Birth (Street and Number) 9. Henry St.
5. Full Name of Mother T. Throm
6. Mother's Maiden Name T. Smith
7. Mother's Birthplace Germany
8. Full Name of Father John Throm.
9. Father's Occupation Laborer
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Katherine Horner.

Address 29. Elezabeth Lan.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3909

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9ter Child

1. *Sex* (state whether Male ~~or Female~~) /
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 24th 1875.
4. *Place of Birth* (Street and Number) N. Carolina St. No. 19.
5. *Full Name of Mother* Louise Lingelbach.
6. *Mother's Maiden Name* Louise Brüning
7. *Mother's Birthplace* Herbz. V. Preussen Germany
8. *Full Name of Father* Christian Lingelbach
9. *Father's Occupation* Tayler.
10. *Father's Birthplace* Grünberg Gr. Hessen Germany

Name of Medical ~~Attendant~~, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3910.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* German
3. *Date of Birth* June 24th
4. *Place of Birth (Street and Number)* 252 Belair Avenue
5. *Full Name of Mother* Margaretha Shutter
6. *Mother's Maiden Name* Margaretha Shutter
7. *Mother's Birthplace* Kingdom of Wurtenberg
8. *Full Name of Father* Joseph Rusch
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace* Wurtenberg Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Maria Bangert

Address 252 Eastern Avenue

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 24 Juny 1875
4. Place of Birth (Street and Number) Baltimore Donnelli st 45
5. Full Name of Mother Mary Charwat
6. Mother's Maiden Name Mary Aruba
7. Mother's Birthplace Krenowitz in Bohemia
8. Full Name of Father Joseph Charwat
9. Father's Occupation Laboror
10. Father's Birthplace Tetetitz in Boh.

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish

Address 69 Washington st

Remarks Twin

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth 29 Jany
4. Place of Birth (Street and Number) Baltimore Donnelli st. 45
5. Full Name of Mother Mary Charwat
6. Mother's Maiden Name Mary Kruba
7. Mother's Birthplace Krenowitz in Boh
8. Full Name of Father Joseph Charwat
9. Father's Occupation Laborer
10. Father's Birthplace Fetetic in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Hopfish

Address bg Washing

Remarks twin

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first —

1. Sex (state whether Male or Female) Male —
2. Race or Color (if not of the white race) White
3. Date of Birth June 24th 1875
4. Place of Birth (Street and Number) 416, S. Fayette. Ltr.
5. Full Name of Mother Anne. E. Trimble
6. Mother's Maiden Name Anne E. Williams
7. Mother's Birthplace Balto city.
8. Full Name of Father James. B. Trimble
9. Father's Occupation Clerk —
10. Father's Birthplace Port Deposit

Name of Medical Attendant, or other Person who makes this Return. W. A. Dohme —

Address 86. S. Fayette Ltr —

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3914

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24th 1875
4. Place of Birth (Street and Number)	306 Forest St
5. Full Name of Mother	Mary Elmira Royal
6. Mother's Maiden Name	Mary E. Cole
7. Mother's Birthplace	Port Jervis N. Y.
8. Full Name of Father	Morgan James Royal
9. Father's Occupation	Engineer
10. Father's Birthplace	Harrisburg Pa.
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter
Address	111 Greenmount Ave,
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 24th 1875
4. Place of Birth (Street and Number) 108 McCulloh st
5. Full Name of Mother Tillie Campbell Popplein
6. Mother's Maiden Name Tillie Campbell
7. Mother's Birthplace Baltimore
8. Full Name of Father Nicholas Popplein Jr
9. Father's Occupation Farmer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C Winslow

Address 23 McCulloh st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3916

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d; &c.) 4" ch

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) W
3. Date of Birth June 24 75
4. Place of Birth (Street and Number) 241 George St Balt
5. Full Name of Mother Columbine Lang
6. Mother's Maiden Name " Brown
7. Mother's Birthplace Balto
8. Full Name of Father Philip Lang
9. Father's Occupation Tobacconist
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J H Hutton M D

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3917

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W
3. Date of Birth 24 June 1875
4. Place of Birth (Street and Number) Cor Lombard & Gilmore St
5. Full Name of Mother Sarah Bryson Head
6. Mother's Maiden Name " " Oler
7. Mother's Birthplace Pens avenue Balt
8. Full Name of Father Henry Head
9. Father's Occupation Paper Hanger
10. Father's Birthplace Balt & Amity St Balt

Name of Medical Attendant, or other Person who makes this Return. J. H. Patterson M.D.

Address

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3918

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1873 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	24
4. Place of Birth (Street and Number)	201 Exeter street
5. Full Name of Mother	Emil Shinehart
6. Mother's Maiden Name	Anne Brooks
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Shinehart
9. Father's Occupation	cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Grey Date June 25
Address	193 Exeter street
Remarks	Healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3919

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	June 24. 1875.
4. Place of Birth (Street and Number)	297 Walsh St,
5. Full Name of Mother	Laura A. Freebee,
6. Mother's Maiden Name	Norcum,
7. Mother's Birthplace	Currituck, N. Carolina,
8. Full Name of Father	Joseph C. Freebee,
9. Father's Occupation	Merchant
10. Father's Birthplace	Camden, N. C.
Name of Medical Attendant, or other Person who makes this Return.	J. S. Ingle M.D.
Address	247 Lawvale St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3920

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White.
3. Date of Birth June 24th 1875.
4. Place of Birth (Street and Number) S W cor of Stricker & Lombard Sts.
5. Full Name of Mother F. Emily Hefleboward.
6. Mother's Maiden Name F. Emily Turnbull.
7. Mother's Birthplace New York City.
8. Full Name of Father John N. Hefleboward
9. Father's Occupation Merchant.
10. Father's Birthplace Clarke Co. Va

Name of Medical Attendant, or other Person who makes this Return.

Address John J. R. Krozer, M.D.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27. 1875
4. Place of Birth (Street and Number)	366. Penna. Ave
5. Full Name of Mother	Mary Fleet Hulse
6. Mother's Maiden Name	Fleet.
7. Mother's Birthplace	Balto. City Md.
8. Full Name of Father	Jas. H. Hulse
9. Father's Occupation	Dyer
10. Father's Birthplace	Balto. City Md
Name of Medical Attendant, or other Person who makes this Return.	H. Christian M.D.
Address	441. Penna. Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3922

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 =
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	27th June 875
4. Place of Birth (Street and Number)	32 Fayette st.
5. Full Name of Mother	Louise Schleier
6. Mother's Maiden Name	Schuels
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Schuels
9. Father's Occupation	Nickle Stove Store
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Scroth Casper
Address	522 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth February 24th 1875.
4. Place of Birth (Street and Number) 175 S. Register
5. Full Name of Mother Francis Elizabeth Conway.
6. Mother's Maiden Name Francis Elizabeth Butler
7. Mother's Birthplace Baltimore
8. Full Name of Father John Samuel Conway
9. Father's Occupation Messenger in Custom House.
10. Father's Birthplace Somerset County Md.

Name of Medical Attendant, or other Person who makes this Return. W. R. Way M.D.

Address 19 South Broadway.

Remarks Natural and easy labor. is doing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 and
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24th 1875-
4. Place of Birth (Street and Number)	69 S. Caroline St
5. Full Name of Mother	Teresa A. Gainor
6. Mother's Maiden Name	Michel
7. Mother's Birthplace	Maryland
8. Full Name of Father	D. W. Gainor
9. Father's Occupation	Machinist
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. cr Hanover & Barre
Remarks	

3925

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUL 2 1876 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	June 24th
4. *Place of Birth* (Street and Number)	272 S Eutaw St.
5. *Full Name of Mother*	Catherine Lerb
6. *Mother's Maiden Name*	Yelz
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	August Lerb
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Rich
Address	328 S. Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3926

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	June 24. 1875
4. Place of Birth (Street and Number)	11 What coat Street
5. Full Name of Mother	Mary Scott
6. Mother's Maiden Name	Mary Bryan
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	Richard Scott
9. Father's Occupation	Laborer.
10. Father's Birthplace	Queen Anns County Md.
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer Md
Address	201 W. Biddle Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3927

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 22th 76
4. Place of Birth (Street and Number) Gittings st. No number
5. Full Name of Mother Mary E. Morris
6. Mother's Maiden Name C. Ohren
7. Mother's Birthplace Baltimore Co.
8. Full Name of Father Abraham Morris
9. Father's Occupation Brakeman
10. Father's Birthplace Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Wm Dickson M.D.

Address 261 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3928

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the first child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 of June
4. Place of Birth (Street and Number)	55 Monroe St
5. Full Name of Mother	Mary filman
6. Mother's Maiden Name	Mary Dash
7. Mother's Birthplace	Baltimore
8. Full Name of Father	frank filman
9. Father's Occupation	Carpenter
10. Father's Birthplace	Switzerland
Name of Medical Attendant, or other Person who makes this Return.	Catherine doll
Address	57 Bartlow St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June th 24, 1876
4. *Place of Birth (Street and Number)* No 192 Chesnut Alley Balto
5. *Full Name of Mother* Eliza Southland
6. *Mother's Maiden Name* Eliza B Miller
7. *Mother's Birthplace* Peter Burg Virginia
8. *Full Name of Father* Edmunds Southland
9. *Father's Occupation* Barber
10. *Father's Birthplace* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Hester L Bradley

Address 85 Orchard Street

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* geboren June ~~11~~ 24 June
4. *Place of Birth (Street and Number)* Canal St No 198.
5. *Full Name of Mother* Margaretha Lemmer
6. *Mother's Maiden Name* Margaretha Metzler
7. *Mother's Birthplace* geboren in Lüfenberg in Lothr
8. *Full Name of Father* Johann Lemmer
9. *Father's Occupation* Bäcker
10. *Father's Birthplace* geboren in Lüfenberg in Lothr

Name of Medical Attendant, or other Person who makes this Return. Marburger Müller

Address Stirling St No 165

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3931

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 25th 1875
4. Place of Birth (Street and Number)	No. 7 Irwin Place
5. Full Name of Mother	Endomia Fulton
6. Mother's Maiden Name	do Johnson
7. Mother's Birthplace	Chillicothe Ohio
8. Full Name of Father	I. L. Fulton
9. Father's Occupation	Minister
10. Father's Birthplace	Washington co. Pa.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D.
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3932

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd C
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 25th 1875
4. Place of Birth (Street and Number)	Cor Pleasant & Calvert
5. Full Name of Mother	Bridgett Burns
6. Mother's Maiden Name	" Hayes
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thos Burns
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Geo. H. Reynolds
Address	34 North Calvert St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3933

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twin

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 25, 1875.

4. Place of Birth (Street and Number) 211, Chester St.

5. Full Name of Mother Annie Kinehart

6. Mother's Maiden Name Annie Brooks

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Henry Kinehart

9. Father's Occupation

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. W. Hartley

Address 244, Block St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3934

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white collor
3. *Date of Birth* 25th of June 1875
4. *Place of Birth* (Street and Number) Number 44 Durham street
5. *Full Name of Mother* Kunigunda Dennerlein
6. *Mother's Maiden Name* Kunigunda Döfler
7. *Mother's Birthplace* from Seigerdorf Bavaria
8. *Full Name of Father* Nicolaus Dennerlein
9. *Father's Occupation* Laborer
10. *Father's Birthplace* from Deutschendorf Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Hardmann

Address

Remarks

3933

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 25
4. *Place of Birth (Street and Number)* 87 Abermarle Street
5. *Full Name of Mother* Kate Pfeffer
6. *Mother's Maiden Name* Dannenfelter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Hendrig Pfeffer
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Sieman

Address 70 Grundy Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored ~~Black~~
3. *Date of Birth*	June 25 th
4. *Place of Birth (Street and Number)*	195 Hamburg st Baltimore Md
5. *Full Name of Mother*	Sarah E. Washington
6. *Mother's Maiden Name*	Sarah E. Thomas
7. *Mother's Birthplace*	Queenanne's County
8. *Full Name of Father*	James D. Washington
9. *Father's Occupation*	Wife reader
10. *Father's Birthplace*	Cecil County
Name of Medical Attendant, or other Person who makes this Return.	Lucy Upshur
Address	134 Eutaw st Baltimore Md
Remarks	

3937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~June 23 1875~~
3. Date of Birth	June 23-1875
4. Place of Birth (Street and Number)	95 S Eutaw St-
5. Full Name of Mother	Mary Anna Glückstein
6. Mother's Maiden Name	" Palmeyer
7. Mother's Birthplace	Toledo Ohio
8. Full Name of Father	John Glückstein
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	M. A. Rider
Address	81 Mulberry St-
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8ter Child

1. *Sex (state whether Male ~~or Female~~),*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 25th 1875
4. *Place of Birth (Street and Number)* N. Spring St. No 67.
5. *Full Name of Mother* Louise Mayersupp.
6. *Mother's Maiden Name* Louise Webern
7. *Mother's Birthplace* Schlierbach V. Preussen Germany
8. *Full Name of Father* Carl W. Mayersupp.
9. *Father's Occupation* Saddler
10. *Father's Birthplace* Hessa V. Preussen Germany

Name of ~~Medical Attendant~~, or other Person who makes this Return. Mary E. Muller

Address N Eutaw St. No 26,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3939

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 25th

4. Place of Birth (Street and Number) 107 North Paca St

5. Full Name of Mother Susan Laura Lansby

6. Mother's Maiden Name Susan Laura Bowers

7. Mother's Birthplace Laneytown Md

8. Full Name of Father George Olivis Lansby

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm Howard, M.D.

Address 228 Saratoga St

Remarks Natural labour at term.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3943

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male born born
2. Race or Color (if not of the white race)	Colored race
3. Date of Birth	26 June 1875
4. Place of Birth (Street and Number)	Short Alley # 18
5. Full Name of Mother	Betty Brown
6. Mother's Maiden Name	
7. Mother's Birthplace	long green Harford Co.
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Susan Ellis
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3941

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) White
2. Race or Color (if not of the white race) Bay
3. Date of Birth 25 June 1875,
4. Place of Birth (Street and Number) Scott St 213
5. Full Name of Mother Mis Clausing
6. Mother's Maiden Name Emma H D C
7. Mother's Birthplace Baltimore
8. Full Name of Father Caroline Clausing
9. Father's Occupation Laeber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Magdalena

Address Bussel St M W

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3942

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 25- 1875
4. Place of Birth (Street and Number)	282 Walshe st
5. Full Name of Mother	Margaret H Bryan
6. Mother's Maiden Name	Margaret Weber
7. Mother's Birthplace	Balto County Md
8. Full Name of Father	Thaddeus H Bryan
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C Winslow
Address	23 M Culloch st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

39113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 26th 1875

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 25th 1875
4. *Place of Birth (Street and Number)* No 302 Eastern avenue
5. *Full Name of Mother* Sara ~~Russell~~ Duling
6. *Mother's Maiden Name* Sara Russell
7. *Mother's Birthplace* America
8. *Full Name of Father* John Duling
9. *Father's Occupation* Cigarmaker.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S. Wolfe St.

Remarks

---

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3944

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) —
3. Date of Birth 25 Jany
4. Place of Birth (Street and Number) 26 Albemar St
5. Full Name of Mother Lene Schulz
6. Mother's Maiden Name "
7. Mother's Birthplace do Baltimore
8. Full Name of Father
9. Father's Occupation none
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Sarah Caspen

Address

Remarks 52 E. Lombd St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3945

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25th June 75
4. Place of Birth (Street and Number) Sangerster Stats. 3
5. Full Name of Mother Cath Faundur
6. Mother's Maiden Name " Zimerman
7. Mother's Birthplace Europe
8. Full Name of Father John Faundur
9. Father's Occupation Labor
10. Father's Birthplace Holland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Brendel

Address No. 208 South Bond str.

Remarks

Ex Sixth St. Mother Bare Ground. dath 25th June 75

Alexander St 252. Henry Bun Carpenter

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3946

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 25th " 75.
4. Place of Birth (Street and Number)	Balto. Thames st. No " 131
5. Full Name of Mother	Kate Kern
6. Mother's Maiden Name	Kate Röd
7. Mother's Birthplace	Bairn
8. Full Name of Father	Christ Kern
9. Father's Occupation	Drayman
10. Father's Birthplace	Hetzler
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	No " 320 Alice Anna st.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jun 25 1875
4. Place of Birth (Street and Number)	217 Ann St
5. Full Name of Mother	Margreth Will
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore Citi
8. Full Name of Father	Not Known
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buchmann
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3918

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twelfth (12)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	No 218 East Lombard St
4. Place of Birth (Street and Number)	25th of June 18[illegible]
5. Full Name of Mother	Martha King
6. Mother's Maiden Name	" Wasberg
7. Mother's Birthplace	Germany
8. Full Name of Father	August King
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Jas W. Galpin
Address	No 55 S. Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3949

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25 June
4. Place of Birth (Street and Number) 323 S. Charles St
5. Full Name of Mother Henriette Wessel
6. Mother's Maiden Name Ei
7. Mother's Birthplace Hanover Germany
8. Full Name of Father Henry Wessel
9. Father's Occupation Dry Goods dealer
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Hook

Address 328 South Eaton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3950

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 2 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 25th 1875
4. Place of Birth (Street and Number)	Baltimore & Wyeth st No 122
5. Full Name of Mother	Julia Nolan
6. Mother's Maiden Name	Julia Dean
7. Mother's Birthplace	Ireland
8. Full Name of Father	Charlie Nolan
9. Father's Occupation	Clerk
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 58 Parlan st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3937

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 25th 1875
4. *Place of Birth (Street and Number)* Baltimore St Mary's Street
5. *Full Name of Mother* Elizabeth Gross
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Montgomery County
8. *Full Name of Father* Wilson Gross
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Montgomery Co

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Dr

Address 85 Orchard Street

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3952

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 25th 1875
4. Place of Birth (Street and Number) No 46 Wane Street
5. Full Name of Mother Ellen Casey
6. Mother's Maiden Name
7. Mother's Birthplace Accomack County Va
8. Full Name of Father Peter Casey
9. Father's Occupation Labourer
10. Father's Birthplace Accomac County Va

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 11 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3953

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 25th 1875
4. Place of Birth (Street and Number)	33 Mosher St
5. Full Name of Mother	Margaret R Low
6. Mother's Maiden Name	" " Patterson
7. Mother's Birthplace	Balto md
8. Full Name of Father	Benjamin S. Low
9. Father's Occupation	Stair Builder
10. Father's Birthplace	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	E Gover Cox M.D.
Address	512 W Balto St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3954

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 26th 1875
4. *Place of Birth* (Street and Number) N 114 Park Avenue
5. *Full Name of Mother* Josephine M. Chatard
6. *Mother's Maiden Name* Josephine Miles
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ferdinand E Chatard Jr
9. *Father's Occupation* Physician
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard Sr

Address N 114 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3955

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 2 Cts.
4. Place of Birth (Street and Number) 417 W. Lexington St
5. Full Name of Mother Delia R. Renshaw
6. Mother's Maiden Name " " Foreman
7. Mother's Birthplace Maryland
8. Full Name of Father James H. Renshaw.
9. Father's Occupation Livery Stables
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Kettler M.D.

Address 87 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3956

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. JUN 30 1875 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* June 26th '75
4. *Place of Birth (Street and Number)* 264 Park Ave.
5. *Full Name of Mother* Fannie Lavinia Hastgell
6. *Mother's Maiden Name* " " McAtee
7. *Mother's Birthplace* Maryland Pennsylvania
8. *Full Name of Father* James L. Hastgell
9. *Father's Occupation* Boatman
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller M.D.
Address 89 N. Greene st
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3957

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) F
2. Race or Color (if not of the white race) W
3. Date of Birth June 26 1875
4. Place of Birth (Street and Number) 173 N Eaton
5. Full Name of Mother Anne Laiton
6. Mother's Maiden Name Anne Shadowe
7. Mother's Birthplace Baltimore
8. Full Name of Father Jno W Laiton
9. Father's Occupation Clerk
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Richard [illegible] Md

Address 18 N Howard St Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 29 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26th of June
4. *Place of Birth (Street and Number)* Cathedral St. No. 370
5. *Full Name of Mother* Mary Jane Riley
6. *Mother's Maiden Name* Mary Jane Duncan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Luke Riley.
9. *Father's Occupation* Flagman
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3959

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26 June
4. Place of Birth (Street and Number) S. Chappel St.
5. Full Name of Mother Elisabeth Draffert
6. Mother's Maiden Name Elisabeth Hurst
7. Mother's Birthplace Marienbach Baden
8. Full Name of Father John Draffert
9. Father's Occupation Tailor
10. Father's Birthplace Heilbach

Name of Medical Attendant, or other Person who makes this Return. Maria Bedeen

Address 23 S. Durham

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

3960

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 26th 1875
4. *Place of Birth (Street and Number)* 319 E. Chase St.
5. *Full Name of Mother* Mary E. Mc Laughlin
6. *Mother's Maiden Name* Mary E. Rouse
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Daniel McLaughlin
9. *Father's Occupation* Shoe Manufacturer
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. J. W. P. Bates, M.D.

Address 173 E. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3961

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 26 of June
4. Place of Birth (Street and Number) Baltimore Holland st No 61
5. Full Name of Mother Eliazer Corvill
6. Mother's Maiden Name Eliazer Beacham
7. Mother's Birthplace Baltimore
8. Full Name of Father Willyon Corvill
9. Father's Occupation Sail maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 153 Chaptank st

Remarks

3962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	June 26th 1875
4. Place of Birth (Street and Number)	23 Pennsylvania av
5. Full Name of Mother	Mary Jenkins Gaebel
6. Mother's Maiden Name	Mary Jenkins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Conrad Gaebel
9. Father's Occupation	Confectioner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C Winslow
Address	23 N Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first.
1. Sex (state whether Male or Female)	female.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	June 26th 1875.
4. Place of Birth (Street and Number)	185 Charnolt Alley
5. Full Name of Mother	Frederika C. Leiser
6. Mother's Maiden Name	F. C. Brana
7. Mother's Birthplace	Halle Germany
8. Full Name of Father	Fr. Charles Leiser.
9. Father's Occupation	Upolster
10. Father's Birthplace	Thuringia Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Karl Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3964

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: alfred F Krug.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white.
3. Date of Birth	June 26th. 1875.
4. Place of Birth (Street and Number)	13 George Street.
5. Full Name of Mother	Elisa Krug
6. Mother's Maiden Name	E. Wirl
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Theodor Krug.
9. Father's Occupation	~~Upholster~~ locksmith.
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Paul Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3965

HEALTH DEPARTMENT
JUN 30 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 2 Ieth
4. Place of Birth (Street and Number)	509 W. Batte St.
5. Full Name of Mother	Theresa Block
6. Mother's Maiden Name	Theresa Brown
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jol. J. Block
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St
Remarks	Healthy Child

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3966.

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 26th 1875
4. Place of Birth (Street and Number)	64 Greenmount Ave
5. Full Name of Mother	Margarett Ellen Ellers
6. Mother's Maiden Name	Margarett Ellen Wilson
7. Mother's Birthplace	Virginia
8. Full Name of Father	Conrad Ellers
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter
Address	111 Greenmount Ave
Remarks	

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seconds

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth June 26th
4. Place of Birth (Street and Number) 172 N Eutaw St
5. Full Name of Mother Annah D Sinton
6. Mother's Maiden Name Annah D Strausbaugh
7. Mother's Birthplace Baltimore
8. Full Name of Father John Wm Sinton
9. Father's Occupation Salesman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Saml E Powell MD

Address No 29 Aisquith St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th of June 1875
4. Place of Birth (Street and Number)	S. Paca St. No 113
5. Full Name of Mother	Sophia Clare
6. Mother's Maiden Name	Soph. Reuter
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Bernhart Clare
9. Father's Occupation	Merchant
10. Father's Birthplace	Hyemen / Germ.
Name of Medical Attendant, or other Person who makes this Return.	Fred. Kapp, M. D.
Address	
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3969

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
23
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6th
4. Place of Birth (Street and Number)	57 N. Eutaw St.
5. Full Name of Mother	Mary Thiede
6. Mother's Maiden Name	Mary Pietsch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. F. Thiede
9. Father's Occupation	Prof. Music
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix J. Kirk
Address	148 Mulberry St.
Remarks	Healthy Child.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

See Record of Vital Statistics in the City of Baltimore.

3979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 26th 1875.
4. Place of Birth (Street and Number) Md Lying-in Asylum 1631 N. Lombard St.
5. Full Name of Mother Caroline Adams
6. Mother's Maiden Name Caroline Heslt
7. Mother's Birthplace Baltimore
8. Full Name of Father David S. Adams
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. A. Gieck M.D.

Address Resident Physician

Remarks Md Lying-in Asylum

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 26. 1875.
4. Place of Birth (Street and Number) 108 Jefferson st.
5. Full Name of Mother Jane Dobson.
6. Mother's Maiden Name Jane McCreden
7. Mother's Birthplace Hartford County
8. Full Name of Father William Dobson.
9. Father's Occupation Bricklayer.
10. Father's Birthplace Eastton.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 121 N Caroline st.

Remarks —

Chas Rossing. Undertaker 136 E Fayette st.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colord
3. Date of Birth June 26
4. Place of Birth (Street and Number)
5. Full Name of Mother larrow chace
6. Mother's Maiden Name larrow logan
7. Mother's Birthplace Baltimore
8. Full Name of Father John chace
9. Father's Occupation laboring work
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lorte Johnson

Address no. 22 Short st

Remarks healthy child

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3973

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUL 2 1875
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 26th 75
4. Place of Birth (Street and Number)	Baltimore, Parkin st No.
5. Full Name of Mother	Isadore Knight
6. Mother's Maiden Name	Isadore Whittington
7. Mother's Birthplace	Annarundal County
8. Full Name of Father	William Knight
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Kidwell
Address	No. 5 8 Parkin st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

3971

HEALTH DEPARTMENT JUN 25 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	June 26th 75
4. Place of Birth (Street and Number)	71 East Pr
5. Full Name of Mother	Eliza Reily
6. Mother's Maiden Name	" Baily
7. Mother's Birthplace	Balto City
8. Full Name of Father	Manuel Reily
9. Father's Occupation	Driver
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	D. A. Winden M.D.
Address	134 North Exeter St
Remarks	

RETURN OF A BIRTH.

3973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 26th 1878
4. Place of Birth (Street and Number)	No 5 Saulsbury Aly.
5. Full Name of Mother	Mary Frances Gorden
6. Mother's Maiden Name	Mary Frances Gorden
7. Mother's Birthplace	Westmorland Co Va.
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Geo. S. Kanenga M.D.
Address	72 E. Pratt St.
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Over

3976

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Female - Martha Stewart
2. Race or Color (if not of the white race)	
3. Date of Birth	June 26th 1875
4. Place of Birth (Street and Number)	North Bond St No 99
5. Full Name of Mother	Mary Catherine Stewart
6. Mother's Maiden Name	Mary Cath - Bond
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jno McEntire Stewart
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	N. G. Kirk. M.D.
Address	No 874 North Paca St
Remarks	

5300 SAINT ALBAN'S WAY
BALTIMORE, MARYLAND

3976

May 15th 1939

Bureau of Vital Statistics
Baltimore, Maryland.

Gentlemen:

This certifies that the child born to John M. Stewart and Mary Catherine Bond Stewart on June 26th 1875 was according to the Baptismal Certificate named Martha Stewart.

Very truly yours,

George A Stewart

George A. Stewart, M.D.

GAS:BT

Corr - May 18 - 1939
By - F E Webm

RETURN OF A BIRTH.

3977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27th 1875.
4. Place of Birth (Street and Number)	81 N. Poppleton St.
5. Full Name of Mother	Sidney E. Lewis
6. Mother's Maiden Name	Welsh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Stephen E. Lewis
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. C. Cuddy.
Address	363 Franklin St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3978

RETURN OF A BIRTH.

HEALTH DEPT. JUL 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27th June 1875
4. *Place of Birth (Street and Number)* No 124 Tonnessee St. Baltimore Md.
5. *Full Name of Mother* Barbara Ebert.
6. *Mother's Maiden Name* Barbara Meniger.
7. *Mother's Birthplace* Bavaria Germany
8. *Full Name of Father* Andrew Ebert
9. *Father's Occupation* Dray driver
10. *Father's Birthplace* Bavaria Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull

Address No 209. Monument cor. of Central avenue Balto. Md.

Remarks Well.

3979

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27th 1875.
4. Place of Birth (Street and Number)	105 Chew St.
5. Full Name of Mother	Emma Smith
6. Mother's Maiden Name	Emma Patterson
7. Mother's Birthplace	Maryland
8. Full Name of Father	Solomon C. Smith
9. Father's Occupation	Cooper
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hinckley M.D.
Address	75 E. Baltimore St.
Remarks	

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 27" 1875
4. Place of Birth (Street and Number) Cor. Chester & Balto. Sts
5. Full Name of Mother Emma Seltzer
6. Mother's Maiden Name do Virg. Brown
7. Mother's Birthplace Baltimore city
8. Full Name of Father Frank Seltzer
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield

Address 117 S. Broadway

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3981

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 27th 1875
4. Place of Birth (Street and Number) 403 E. Pratt
5. Full Name of Mother Mary Fr. Bump
6. Mother's Maiden Name do do Hughes
7. Mother's Birthplace Baltimore
8. Full Name of Father Jesse Bump
9. Father's Occupation Carpenter
10. Father's Birthplace New York State

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield MD

Address 117 S. Broadway

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3982.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 9
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 27th 1875
4. *Place of Birth (Street and Number)* No 341 Canale st
5. *Full Name of Mother* Louise Smith
6. *Mother's Maiden Name* Louise Baldus
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Smith
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 Monument st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

3983

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	9te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 27. 1875
4. Place of Birth (Street and Number)	Estern Avenue No 428
5. Full Name of Mother	Margaretha Kuhn
6. Mother's Maiden Name	Margaretha Eberlein
7. Mother's Birthplace	Bamberg Baiern
8. Full Name of Father	Georg Kuhn
9. Father's Occupation	Arbeiter an Feldarbeiten
10. Father's Birthplace	Bamberg Baiern
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Bayreuth
Address	South Wolf str No 28
Remarks	Hebamme

RETURN OF A BIRTH.

3984

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race)
3. Date of Birth ~~180 Arlington Av.~~ June 27, 1873
4. Place of Birth (Street and Number) 180 Arlington Av.
5. Full Name of Mother Sally Hamilton
6. Mother's Maiden Name Sally Austin
7. Mother's Birthplace Warren Co. N. Carolina
8. Full Name of Father M. A. Hamilton
9. Father's Occupation Commission Merchant
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard, M. D.

Address 181 Madison Ave.

Remarks Mother Menstruated last, 15 Aug. 1874; Child ought to have been born between May 15th & May 22nd!

3985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Anglo-Saxon
3. Date of Birth # 91 Preston St Balto Md
4. Place of Birth (Street and Number) # June 27th 1875
5. Full Name of Mother Elizabeth Owens
6. Mother's Maiden Name Elizabeth Ratcliffe
7. Mother's Birthplace Washington DC
8. Full Name of Father James W Owens
9. Father's Occupation Merchant
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Alf H Powell MD

Address 87 Franklin St

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) a Male.
2. Race or Color (if not of the white race) White race.
3. Date of Birth 27th of June
4. Place of Birth (Street and Number) No 228 Preston St.
5. Full Name of Mother Kunie Neert.
6. Mother's Maiden Name Kunie Dietmeyer.
7. Mother's Birthplace born in Germany.
8. Full Name of Father John Dietmeyer.
9. Father's Occupation a carpet weaver.
10. Father's Birthplace born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Madrife Mrs Theresa Eigeldinger.

Address No 14 Union Street.

Remarks

This Child died 3 days after its birth.

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3937

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 June
4. Place of Birth (Street and Number)	66 South Central Ave
5. Full Name of Mother	Wilhelmine von Schlepengell
6. Mother's Maiden Name	Lauchert
7. Mother's Birthplace	Germany
8. Full Name of Father	George Ludwig Schlepengell
9. Father's Occupation	See Caption
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Soyhist Simmon
Address	70 Glenby Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th June 1875
4. Place of Birth (Street and Number)	No 103 Pearl St
5. Full Name of Mother	Mary G. Riep
6. Mother's Maiden Name	" " Monon
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Patrick K Riep
9 Father's Occupation	Paper Carrier
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	W G Riep M D
Address	87 Mulberry St
Remarks	

Your Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUN 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) black
3. Date of Birth 27th of June
4. Place of Birth (Street and Number) 99 Orchard St
5. Full Name of Mother Rebecca Blackston
6. Mother's Maiden Name Rebecca Jackson
7. Mother's Birthplace Howard County Md
8. Full Name of Father Steven Blackston
9. Father's Occupation Drayman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lyia Somerville

Address Clinton avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3990

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 1
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	June 17 1875
4. Place of Birth (Street and Number)	69 Woodyear
5. Full Name of Mother	Elizabeth Stile Baltz
6. Mother's Maiden Name	Elizabeth Stile
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Baltz
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C Winslow
Address	23 McCulloh st
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 27 June 1875

4. Place of Birth (Street and Number) 57 N Lucas St.

5. Full Name of Mother Bertha Jones.

6. Mother's Maiden Name " Vogt

7. Mother's Birthplace Germany

8. Full Name of Father John Jones

9 Father's Occupation Piano Cabinet maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger

Address 134 Bond St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3992

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 29th 1875.

4. Place of Birth (Street and Number) 129 Eden St.

5. Full Name of Mother Margaret Konia

6. Mother's Maiden Name " Rieger

7. Mother's Birthplace Germany

8. Full Name of Father John Konig

9. Father's Occupation Baker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rutledge

Address 184 N. Bond St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 18 1875
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 29. 1875
4. *Place of Birth (Street and Number)* *300 Hanover st.
5. *Full Name of Mother* Mary Eliz^th. Norris
6. *Mother's Maiden Name* " " Heath
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* R. Yeates Norris
9. *Father's Occupation* ~~Balto. City~~ Coach Trimmer
10. *Father's Birthplace* Balto. city

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address *305 N. Caroline st

Remarks Balto.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record by Vital Statistics of the City of Baltimore.

3994

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 27th 1875.

4. Place of Birth (Street and Number) [illegible]

5. Full Name of Mother [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father [illegible]

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 27th 12.50 P.M.
4. Place of Birth (Street and Number)	No 38 Back St.
5. Full Name of Mother	Hannah Eliz Hamblin
6. Mother's Maiden Name	" " Burgess
7. Mother's Birthplace	No 7 Back St
8. Full Name of Father	Robert Hamblin
9. Father's Occupation	Barber
10. Father's Birthplace	Alabama
Name of Medical Attendant, or other Person who makes this Return.	Geo. B. Reynolds M.D.
Address	No 34 N. Calvert
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

For Records of Vital Statistics in the City of Baltimore.

3996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth June 27th 75

4. Place of Birth (Street and Number) 25 Stregnort

5. Full Name of Mother Morth Schryver

6. Mother's Maiden Name

7. Mother's Birthplace Centerville Ohio

8. Full Name of Father Jacob H Schryver

9. Father's Occupation Retired Merchant

10. Father's Birthplace Centerville Ohio

Name of Medical Attendant, or other Person who makes this Return. W. H. Green M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3997

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth 27 June 1875

4. Place of Birth (Street and Number) Washington Ave 46

5. Full Name of Mother Rachel Sarah Smith

6. Mother's Maiden Name Rachel Sarah Hines

7. Mother's Birthplace Rochester Maryland

8. Full Name of Father August Smith

9. Father's Occupation Blacksmith

10. Father's Birthplace Hartford County

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McElhenry St. Baltimore Md

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

3998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child well 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colorde
3. *Date of Birth* 27th June 1875
4. *Place of Birth (Street and Number)* Hill St no 101 Balto
5. *Full Name of Mother* Ella Blith
6. *Mother's Maiden Name* Ella Savage
7. *Mother's Birthplace* Eastern Shore Virginia
8. *Full Name of Father* Samuel Blith
9. *Father's Occupation* Sea farm
10. *Father's Birthplace* Kingston Jamaica

Name of Medical Attendant, or other Person who makes this Return. Lucy Tedney

Address

Remarks No 45 Leach

Bangor

Ally Belmont Cross

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

3999

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second (2d)

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 27th 1875
4. *Place of Birth* (Street and Number) 127 St. Paul St
5. *Full Name of Mother* Carrie Taylor Reid
6. *Mother's Maiden Name* C. T. Chapman
7. *Mother's Birthplace* Norfolk Va.
8. *Full Name of Father* Richd. C. Reid
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. S. C. Chew M. D.

Address 141½ Lanvale St.

Remarks

4009

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state ~~whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June 27th 1875
4. Place of Birth (Street and Number) 110 Warner St
5. Full Name of Mother Sarah C Fisher
6. Mother's Maiden Name Zimmerman
7. Mother's Birthplace Balto City
8. Full Name of Father Benjamin Franklin Fisher
9. Father's Occupation Expressman
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. I H Currey

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4001

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 27, 1875
4. Place of Birth (Street and Number) No 484 Saratoga St
5. Full Name of Mother Kittie Duckett
6. Mother's Maiden Name Kittie Bannan
7. Mother's Birthplace Baltimore
8. Full Name of Father William Duckett
9. Father's Occupation Teamster
10. Father's Birthplace City of Balto

Name of Medical Attendant, or other Person who makes this Return. Bro. T. Herman

Address No 584 Carrollton Ave

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 5th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth June th 27 1845
4. Place of Birth (Street and Number) No 31 Chestnut Alley Balto
5. Full Name of Mother Margrat Gitting
6. Mother's Maiden Name Margrat Sanders
7. Mother's Birthplace Carroll County
8. Full Name of Father Charles Gitting
9. Father's Occupation LaBorer
10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Hester Bardley Dr

Address 85 Orchard Street

Remarks

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4003

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Monday June 28th 1875
4. *Place of Birth (Street and Number)* No 215 Madison Avenue
5. *Full Name of Mother* Caroline Donaldson Coale
6. *Mother's Maiden Name* Caroline Donaldson Dorsey.
7. *Mother's Birthplace* Frederick Md.
8. *Full Name of Father* George Buchanan Coale.
9. *Father's Occupation* Insurance
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant or other Person who makes this Return. Dr. F. Donaldson

Address 108 Park ave Balt. Md

Remarks

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

40011

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth June 28

4. Place of Birth (Street and Number) 213 Canton Av.

5. Full Name of Mother Caroline Schaake

6. Mother's Maiden Name " Rieseler

7. Mother's Birthplace Germanny

8. Full Name of Father Henry Schaake

9. Father's Occupation Shoe Macker

10. Father's Birthplace Germanny

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E Pratt St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4005

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUL 10 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 June 75
4. Place of Birth (Street and Number)	214 Bank St
5. Full Name of Mother	Sarah Jeannette Grumbine
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thomas Cole Prince (Prince)
9. Father's Occupation	R. R. Conductor
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D Hueston M D
Address	154 State St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter; stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

For Record of Vital Statistics in the City of Baltimore.

11006

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. *Sex (state whether Male or Female)*	Female Twins
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 28th
4. *Place of Birth (Street and Number)*	Hollins st 236
5. *Full Name of Mother*	Caroline Schuppe
6. *Mother's Maiden Name*	Caroline Brehing
7. *Mother's Birthplace*	Baden Germanie
8. *Full Name of Father*	Louis Schuppe
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Hessia Nassau Statt
Name of Medical Attendant, or other Person who makes this Return.	Wm Kunder
Address	No 60 N. Schroder St
Remarks	

See Record of Vital Statistics in the City of Baltimore.

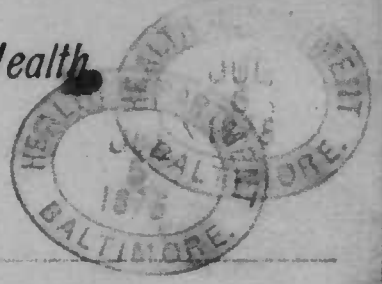
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1007

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 28 1875
4. *Place of Birth (Street and Number)* nickels court No 6
5. *Full Name of Mother* Martha Priscilla Henson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary Henson Midwife

Address No 6 nicks court

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

4008-4068

4069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 30th of June
4. Place of Birth (Street and Number) Locust Point Towson. St 74
5. Full Name of Mother Mary White
6. Mother's Maiden Name Mary Gros
7. Mother's Birthplace City of Baltimore
8. Full Name of Father Henry White
9. Father's Occupation Laborar
10. Father's Birthplace Germanie

Name of Medical Attendant, or other Person who makes this Return. Margrata Ertl

Address

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4070

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 3
4. Place of Birth (Street and Number) Baltimore Ann Street No 88
5. Full Name of Mother Mary Elizbeth Smith
6. Mother's Maiden Name Mary Elizbeth O Neal
7. Mother's Birthplace King Wilam Conty Va
8. Full Name of Father Samuel Randolph Smith
9. Father's Occupation Stevy D Door
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. None

Address Mid Wife Mayood

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11071

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 12th
4. Place of Birth (Street and Number)	Ohio St No 21
5. Full Name of Mother	Elizabeth Arnold
6. Mother's Maiden Name	Schmeal
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Arnold
9. Father's Occupation	Grocer Dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Hess
Address	328 S. Eutaw St.
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4072

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 1. 75
4. *Place of Birth (Street and Number)* 48 Hemstad St
5. *Full Name of Mother* Francis Bele
6. *Mother's Maiden Name* Schaffer
7. *Mother's Birthplace* Baltimore Citi
8. *Full Name of Father* Laum Bele
9. *Father's Occupation* Saemann
10. *Father's Birthplace* Engeland

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burchmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4073

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth July 1st 1875
4. Place of Birth (Street and Number) 58 Courtland St
5. Full Name of Mother Laura Virginia Wilson
6. Mother's Maiden Name Fowler
7. Mother's Birthplace B City
8. Full Name of Father Henry blair Wilson
9. Father's Occupation Clerk
10. Father's Birthplace Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. J H Currey

Address 76 S Paca St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

40744

RETURN OF A BIRTH.

HEALTH DEPT. JUL 6 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 21 1875
4. *Place of Birth (Street and Number)* 289 Front St Baltimore City
5. *Full Name of Mother* Mary Eckert
6. *Mother's Maiden Name* Howell
7. *Mother's Birthplace* Massachusetts
8. *Full Name of Father* George Eckert
9. *Father's Occupation* Marble Polisher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula C Grimmer

Address 129 E Monument St Baltimore City

Remarks

Clerk Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1075 3418

RETURN OF A BIRTH.

HEALTH DEPT. JUL 6 1875 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 12th 1875
4. *Place of Birth* (Street and Number) No 137 Hanover St.
5. *Full Name of Mother* Gina Stefe
6. *Mother's Maiden Name* Gina Pitner
7. *Mother's Birthplace* Sommerstall Bavaria
8. *Full Name of Father* Julius Stefe
9. *Father's Occupation* Clothing House
10. *Father's Birthplace* Meiningstadt — Bavaria

Name of Medical Attendant, or other Person who makes this Return. Pinkette W. Hamble M.D.

Address No 203 W. Lombard St.

Remarks Baltimore Md.

Past Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4076

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth 1st of July

4. Place of Birth (Street and Number) 357. Edgar Str

5. Full Name of Mother Marie Whiechman

6. Mother's Maiden Name " " Brock

7. Mother's Birthplace Hanover. Germania.

8. Full Name of Father August Whiechman

9. Father's Occupation Tailor.

10. Father's Birthplace Grasswald Germania

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Barnet Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

4077

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6"
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1st 1875
4. Place of Birth (Street and Number)	193 S. Washington
5. Full Name of Mother	Cath Hodges
6. Mother's Maiden Name	" Tipton
7. Mother's Birthplace	Carroll Co.
8. Full Name of Father	Joseph Hodges
9. Father's Occupation	Engineer
10. Father's Birthplace	Balto. Co. Md
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	117 S. Broadway
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

The Record of Vital Statistics in the City of Baltimore.

4078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH OFFICE
JUL 6 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1st 1875
4. Place of Birth (Street and Number)	168 Lexington st
5. Full Name of Mother	Ruth Ann Riechert
6. Mother's Maiden Name	Ruth Ann Wells
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Charles Riechert
9. Father's Occupation	Billiard Rooms
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	E Riverbaf M.D.
Address	572 E Balto st
Remarks	

Return Made July 6th 1875

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Act Record of Vital Statistics in the City of Baltimore.

4079

HEALTH DEPARTMENT JUL 5 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 1. 1875.
4. Place of Birth (Street and Number)	68 S. High St.
5. Full Name of Mother	Margaret E. Hopwood.
6. Mother's Maiden Name	Margaret E. Tomlinson.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	George W. Hopwood.
9. Father's Occupation	Sail Maker.
10. Father's Birthplace	Winchester Va.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	72 E. Pratt St.

Remarks Duration of Labor 20 hours - Instrumental Delivery Child's physical condition good.

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4080.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the fourth

1. Sex (state whether Male or Female) Male healthe
2. Race or Color (if not of the white race) white
3. Date of Birth on the 16 of July 1875
4. Place of Birth (Street and Number) Monroe St.
5. Full Name of Mother Lizzie J Donn
6. Mother's Maiden Name L. Hand
7. Mother's Birthplace City of Balto.
8. Full Name of Father Barny Donn
9. Father's Occupation Laborer
10. Father's Birthplace Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillare

Address 57 Smallwood St Balto.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 6 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5th 1875
4. Place of Birth (Street and Number)	274 Register St.
5. Full Name of Mother	Ernestine Zucker
6. Mother's Maiden Name	" Rüde
7. Mother's Birthplace	Germany
8. Full Name of Father	Theodore Zucker
9. Father's Occupation	Jeweler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rudisill
Address	184 N. Bond St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1st 1876
4. Place of Birth (Street and Number)	No 25 Byrd St
5. Full Name of Mother	Susan Liddell
6. Mother's Maiden Name	Susan Bomberger
7. Mother's Birthplace	Maryland
8. Full Name of Father	Robt Liddell
9. Father's Occupation	Mechanic
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M.D.
Address	17 Warren Ave
Remarks	

Form of Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth July 1 the 1875
4. Place of Birth (Street and Number) No 259 ~~orleans street~~ orleans st
5. Full Name of Mother Virginier Mc ~~Hame~~ Athe
6. Mother's Maiden Name Virginier Hame
7. Mother's Birthplace Baltimore Mc D
8. Full Name of Father Frances Mc Athe
9. Father's Occupation ~~[illegible]~~ Caurker
10. Father's Birthplace Native of Haity Port prince

Name of Medical Attendant, or other Person who makes this Return. Guenday Woolford midwife

Address 130 ~~orleans~~ Register st Baltimore Md. d

Remarks it is A fine Chile

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st White

1. *Sex* (state whether ~~Male~~ Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 1st 1875
4. *Place of Birth* (Street and Number) N. Wolfe St No 94.
5. *Full Name of Mother* Elisabetha Ihraft
6. *Mother's Maiden Name* Elisabetha Ihraft
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father*
9. *Father's Occupation* none
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11086

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 7
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1st 1875
4. Place of Birth (Street and Number)	Baltimore Parkin st 1055
5. Full Name of Mother	Mary High
6. Mother's Maiden Name	" Miles
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William High
9. Father's Occupation	Laboring
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No 58 Parkin st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Ref. Record of Vital Statistics in the City of Baltimore.

4086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 1st 1875
4. Place of Birth (Street and Number) Baltimore Fremont st No 59
5. Full Name of Mother Elizebeth Gaghran
6. Mother's Maiden Name O. Neil
7. Mother's Birthplace New York
8. Full Name of Father Barnard Gaghran
9. Father's Occupation Blak smith
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 57 Parkinson st

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4087

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Child~~ Tenth

1. Sex (state whether Male or Female) ~~Manufacturer~~ girl
2. Race or Color (if not of the white race) white race
3. Date of Birth July 14, 1875
4. Place of Birth (Street and Number) New church st. No. 30
5. Full Name of Mother Mr. Angelique Hübner Tetzauer
6. Mother's Maiden Name Hübner
7. Mother's Birthplace Warsaw Poland
8. Full Name of Father Tetzauer Eugen Louis
9. Father's Occupation Silver smith
10. Father's Birthplace Blois France

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

Vete Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4088

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL. 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) #5. Male #1.
2. Race or Color (if not of the white race) Colored. Race
3. Date of Birth July. 1th 18:75
4. Place of Birth (Street and Number) Sterling. Street. No. 1.13
5. Full Name of Mother ~~Steel~~ Rachel. A. Williams
6. Mother's Maiden Name Rachel. A. Williams
7. Mother's Birthplace Balto. County Near Manton Station
8. Full Name of Father Abraham Williams. Jr
9. Father's Occupation Wagoner
10. Father's Birthplace Balto. County. Near Stems. Run

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Chrismer

Address 129 E. Monument St

Remarks Baltimore City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4089
4090

HEALTH DEPARTMENT JUL 1 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 & 3rd Twins

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 1st 1875
4. Place of Birth (Street and Number) 218 S. Fremont St.
5. Full Name of Mother Mary Elizabeth Vanholland
6. Mother's Maiden Name Mary Elizabeth McCarthy
7. Mother's Birthplace Philadelphia
8. Full Name of Father Lewis Vanholland
9. Father's Occupation Moulder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. Wm. Colburn

Address 166 S. Paca St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4091

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 2. 1875
4. Place of Birth (Street and Number) 342 E. Chase st.
5. Full Name of Mother Teresa Virginia Montgomery
6. Mother's Maiden Name " " Holbrook
7. Mother's Birthplace Balto. city
8. Full Name of Father Henry Russell Montgomery
9. Father's Occupation Carpenter
10. Father's Birthplace Balto. city

Name of Medical Attendant, or other Person who makes this Return. A. Hartman Md.

Address * 305 N. Caroline st.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 2nd
4. Place of Birth (Street and Number) # 235. N. Broadway
5. Full Name of Mother Virginia Genevieve Lovsain
6. Mother's Maiden Name Virginia G. O'Reilly
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Fisher Lovsain
9. Father's Occupation Engineer U. S. R. M.
10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Wm. B. O'Reilly M.D.

Address ~~235~~ 34 N. Front St.

Remarks Normal Vertex. Pres.

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4093

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 17th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 2nd

4. Place of Birth (Street and Number) Stirret st no 9.

5. Full Name of Mother Esabella Roach

6. Mother's Maiden Name Esabella O'neill

7. Mother's Birthplace Island

8. Full Name of Father S. J. Roach

9. Father's Occupation Coal Dealer

10. Father's Birthplace Island

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address No 106 Columbia Av.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 19 1895
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 22d 1895
4. Place of Birth (Street and Number)	75 Block St.
5. Full Name of Mother	Eliza Catherine Kavanaugh
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Kavanaugh
9. Father's Occupation	Driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	James J. Shane M.D.
Address	254 Eastern Avenue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

See Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

1095

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 2d 1875
4. *Place of Birth* (Street and Number) N 118 E Eager St
5. *Full Name of Mother* Anna E. Jenny
6. *Mother's Maiden Name* Anna E. Surratt
7. *Mother's Birthplace* District of Columbia
8. *Full Name of Father* William D. Jenny
9. *Father's Occupation* Chemist
10. *Father's Birthplace* County Sligo Ireland

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address N 114 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether Male or Female)* Mal
2. *Race or Color (if not of the white race)* Whit
3. *Date of Birth* 2. July
4. *Place of Birth (Street and Number)* Carlson Lane
5. *Full Name of Mother* ~~[illegible]~~ Caroline Mahl
6. *Mother's Maiden Name* Louise Schwartz
7. *Mother's Birthplace* ~~[illegible]~~ Oberschanthal Nittenburg
8. *Full Name of Father* Jacob Mahle
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Oberschunthal Wittenburg

Name of Medical Attendant, or other Person who makes this Return. Mrs Hummel

Address No 604 N. Schroder st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4097

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	2. of July 1875
4. Place of Birth (Street and Number)	2.89 West St
5. Full Name of Mother	Mrs. Heckert
6. Mother's Maiden Name	Diana Reeside
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Heckert
9. Father's Occupation	Prison
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Montgomery
Address	Federal St No 98
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics of the City of Baltimore.

4098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth July 2
4. Place of Birth (Street and Number) 123 South Broadway
5. Full Name of Mother Kate Clipp[illegible]
6. Mother's Maiden Name Kate [illegible]
7. Mother's Birthplace West Virginia
8. Full Name of Father Thos L Clipp[illegible]
9. Father's Occupation Chemin[illegible]
10. Father's Birthplace Florida

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley [illegible] Wilkerson

Address No 12 Paterson Park avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 2nd

1. Sex (state whether Male or Female) Female Healthe
2. Race or Color (if not of the white race) white
3. Date of Birth 2nd of July 1875
4. Place of Birth (Street and Number) McHenry St. Balto.
5. Full Name of Mother Lizzie Ulrich
6. Mother's Maiden Name L. Hoffmann
7. Mother's Birthplace Hessen Ge.
8. Full Name of Father Fr. Hoffmann
9. Father's Occupation Laborer
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. L. Hiller

Address 57 Small wood St. Balto.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4100

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 7 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 2d July 1875
4. *Place of Birth (Street and Number)* No 14 Leston Court
5. *Full Name of Mother* Ida Gibs
6. *Mother's Maiden Name* Ida Dixon
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* I. Gibs
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Lucey Upshur

Address No 134 S Eutaw St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4110

HEALTH DEPARTMENT
OCT
20
1877
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Brown Color
3. Date of Birth	July 1st
4. Place of Birth (Street and Number)	18 St Paul Street
5. Full Name of Mother	Rebecca Suter
6. Mother's Maiden Name	Rebecca Snowden
7. Mother's Birthplace	Westminster Canal Co
8. Full Name of Father	Ralph Suter
9. Father's Occupation	Keeper of a Public House
10. Father's Birthplace	St Mary County
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stuart
Address	112 Sharp Street
Remarks	

4102

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 ant Chilet

1. Sex (state whether Male or Female) F. femal

2. Race or Color (if not of the white race) while caller

3. Date of Birth it ste Chilet is born 2 Julai 1875

4. Place of Birth (Street and Number) Roner Blat and Hall St Wall st 516

5. Full Name of Mother Krusenzin A Wagner and Tilberg Lugan Lugan

6. Mother's Maiden Name Krusenzin Restel

7. Mother's Birthplace Tuhn Restel from Wiesenstein Lauzen

8. Full Name of Father

9. Father's Occupation None of Medical

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address Address

Remarks Remarks

Mary Hartman

2 B C

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Weiblich.
2. *Race or Color (if not of the white race)* weiß.
3. *Date of Birth* 2. d Juli 1875.
4. *Place of Birth (Street and Number)* 3 Canton Av.
5. *Full Name of Mother* Marie Dorn.
6. *Mother's Maiden Name* Böhner
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Johannes. Dorn.
9. *Father's Occupation* Farmer.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Anna Simmon.

Address 118 Curley St.

Remarks

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 July #2 1875

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July #2
4. Place of Birth (Street and Number) Baltimore Md William St 354
5. Full Name of Mother Alice Green Small
6. Mother's Maiden Name Alice Green Scott
7. Mother's Birthplace Richmond Virginia
8. Full Name of Father William Henry Small
9. Father's Occupation Labor
10. Father's Birthplace Worcester County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Stringe No 34 Lectures

Address Wm H Small

Remarks 5 5 G William St

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Second of July
4. Place of Birth (Street and Number) 151 Chester St
5. Full Name of Mother Kate Murphy
6. Mother's Maiden Name Kate Carroll
7. Mother's Birthplace Waterford ireland
8. Full Name of Father Peter F Murphy
9. Father's Occupation Laborer
10. Father's Birthplace Waterford ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Cormer

Address 153 Choptank St

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colloured
3. *Date of Birth* July 2nd
4. *Place of Birth (Street and Number)* No 45. Sterling st
5. *Full Name of Mother* Mary Ellen Atkinson
6. *Mother's Maiden Name* Mary Ellen Hardy
7. *Mother's Birthplace* baltimore Md.
8. *Full Name of Father* George R Atkinson
9. *Father's Occupation* Employed at the Custom house
10. *Father's Birthplace* baltimore City

Name of Medical Attendant, or other Person who makes this Return. Sophia Sines

Address No 135 Chesnut Street

Remarks Baltimore City

RETURN OF A BIRTH.

4107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

f Child of Mother (state whether 1st, 2d, 3d, &c.) Jan Jones

x (state whether Male or Female) Female

ace or Color (if not of the white race) Colored

ate of Birth 2th July 1875

ace of Birth (Street and Number) 86 N Little McEldrry Steet

ll Name of Mother Lizzebut Jones

ther's Maiden Name

ther's Birthplace

ll Name of Father James Jones

her's Occupation Oyter Scutter Boat Make

her's Birthplace Baltimre M.d

me of Medical Attendant, or other Person who makes this Return. Sophie ~~Thines~~ Thines

ldress no 135 Chestnut Steet Baltimore M.d

marks

Sophie Thines receit Lizzebut Jones child

4108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Jul. 2nd, 1875.
4. Place of Birth (Street and Number) 175 N. Bethel St.
5. Full Name of Mother Sophia Miller.
6. Mother's Maiden Name " Neuer.
7. Mother's Birthplace Germany
8. Full Name of Father Peter Miller.
9. Father's Occupation Carpenter.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudger

Address 34 N. Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4109

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (~~state whether Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 2d
4. Place of Birth (Street and Number)	212. W Fayette St
5. Full Name of Mother	Laura Heyman
6. Mother's Maiden Name	Laura Schwab
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jonas Heyman
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St
Remarks	~~Healthy~~ Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4110

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 2th 1875
4. Place of Birth (Street and Number) 112 Falis St Baltimore
5. Full Name of Mother Morgit Harris
6. Mother's Maiden Name Morgit Willams
7. Mother's Birthplace Baltimore M. D
8. Full Name of Father James Harris
9. Father's Occupation Saler
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Lucindey Woolford Mid[illegible]

Address 130 Register St Baltimore

Remarks the Chile is in A good Condition

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 2d 1875
4. Place of Birth (Street and Number)	184 ½ Paca St
5. Full Name of Mother	Catherine Florence Poulton
6. Mother's Maiden Name	Cromwell
7. Mother's Birthplace	Anne Arundel Co Md
8. Full Name of Father	J Emory Poulton
9. Father's Occupation	Grain Grower
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	A H Emery
Address	76 ½ Paca St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Refer Records of Vital Statistics in the City of Baltimore.

4112

RETURN OF A BIRTH.

HEALTH DEPT. JUL 6 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White American
3. *Date of Birth* 2nd July 1876
4. *Place of Birth (Street and Number)* No George Street
5. *Full Name of Mother* Annie Crown
6. *Mother's Maiden Name* Annie Ray
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Marcus A Crown
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Fredk Co

Name of Medical Attendant, or other Person who makes this Return. George G. Brewer M D

Address 258 West Fayette St.

Remarks

4113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth born July the 2 1875
4. Place of Birth (Street and Number) No 210 Montgomery St
5. Full Name of Mother Nancy Washington
6. Mother's Maiden Name Nancy Derry
7. Mother's Birthplace Baltimore
8. Full Name of Father John M Washington
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

41114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 6 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 2d/75
4. *Place of Birth (Street and Number)* Balto: 15 Franklin St
5. *Full Name of Mother* Mary Calhoun Goldsborough
6. *Mother's Maiden Name* Mary C. Galt
7. *Mother's Birthplace* Louisa Co Va
8. *Full Name of Father* Charles Goldsborough
9. *Father's Occupation* Wholesale Liquor Merchant
10. *Father's Birthplace* Caroline Co Maryland

Name of Medical Attendant, or other Person who makes this Return. H Donaldson

Address 108 Paca

Remarks Balto

4113

RETURN OF A BIRTH.

JUL 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. July 5th 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 3rd 1875.
4. Place of Birth (Street and Number) No 85 Bank St.
5. Full Name of Mother Lizzie Franz.
6. Mother's Maiden Name Lizzie Rettner.
7. Mother's Birthplace Germania
8. Full Name of Father Joseph Franz.
9. Father's Occupation Laborer.
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold

Address No 137. S. Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty of Fifty Dollars in the City of Baltimore.

RETURN OF A BIRTH. 4116 (3461

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. July 5th 1875

JUL. 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 3rd 1875.
4. Place of Birth (Street and Number) No 349 Eastern ave.
5. Full Name of Mother Julia Frazier.
6. Mother's Maiden Name Julia Brown
7. Mother's Birthplace America.
8. Full Name of Father John Frazier.
9. Father's Occupation Laborer
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 137 S. Wolfe St.

Remarks —

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 3d
4. Place of Birth (Street and Number) Balt No 3 Mason Alley
5. Full Name of Mother Caroline Reddick
6. Mother's Maiden Name C Wilson
7. Mother's Birthplace Maryland
8. Full Name of Father Richard Reddick
9. Father's Occupation Waiter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4118

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 3d 1875.
4. *Place of Birth (Street and Number)* 228 Light St.
5. *Full Name of Mother* Carrie Wright.
6. *Mother's Maiden Name* " Stern.
7. *Mother's Birthplace* Balto. City.
8. *Full Name of Father* Robt. N. Wright.
9. *Father's Occupation* Policeman.
10. *Father's Birthplace* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M.D.

Address 158 S. Sharp St.

Remarks Child living

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 3
4. *Place of Birth (Street and Number)* Wedgre Alley 165
5. *Full Name of Mother* Carline Schlamber
6. *Mother's Maiden Name* Carline Hanne
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gottlieb Schlamber
9. *Father's Occupation* Schoomaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 284 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 3rd
4. Place of Birth (Street and Number) 365 West St
5. Full Name of Mother Mary Elizabeth Kelly
6. Mother's Maiden Name Mary Elizabeth Reesides
7. Mother's Birthplace Balto City
8. Full Name of Father Anthony Kelly
9. Father's Occupation Glassblower
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch M.D.

Address 141 Hanover St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 9

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 3d 1875
4. Place of Birth (Street and Number) No 149 S. Chapel Str F. P.
5. Full Name of Mother Klemens Rethman
6. Mother's Maiden Name — Klemens
7. Mother's Birthplace Germany
8. Full Name of Father John Rethman
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms

Address No 178 S Chapel Str F. P.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 3d 1875
4. Place of Birth (Street and Number) Choptank & Mt Eastern av
5. Full Name of Mother Kate E Rosier Good F.P.
6. Mother's Maiden Name Kate E Rosier
7. Mother's Birthplace America
8. Full Name of Father Wm J Good
9. Father's Occupation Laborer
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address No 178 S Chapel St. F.P.

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4123

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 3rd 1875
4. Place of Birth (Street and Number)	S. Chapel St No 145
5. Full Name of Mother	Klemens Rethman
6. Mother's Maiden Name	Klemens
7. Mother's Birthplace	Germany
8. Full Name of Father	John Rethman
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	No 178 S. Chapel St
Remarks	This child was born one month before time delicate from birth through the mothers afflictions

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) /
3. Date of Birth July 3rd 75
4. Place of Birth (Street and Number) 790 W. Pratt St.
5. Full Name of Mother Mary E. Towson
6. Mother's Maiden Name " " Parsons
7. Mother's Birthplace Maryland
8. Full Name of Father John P. Towson
9. Father's Occupation Builder
10. Father's Birthplace Maryland,

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller, M.D.

Address 87 N. Greene St.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4125

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 3rd 1875.
4. *Place of Birth* (Street and Number) Cor. Scott & Stockholm Streets
5. *Full Name of Mother* Barbara Gross.
6. *Mother's Maiden Name* Barbara Schreier
7. *Mother's Birthplace* Hesse. Darmstadt Germany.
8. *Full Name of Father* Philip Gross.
9. *Father's Occupation* Birthplace. Hesse. Darmstadt Germany
10. *Father's Birthplace* Occupation Carpenter

Name of Medical Attendant, or other Person who makes this Return. Mary Roth

Address 328 South Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4126

HEALTH DEPARTMENT
JUL 10 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3a

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 3ta 1875
4. Place of Birth (Street and Number) No 131 Seamen Street
5. Full Name of Mother Emeline Moor
6. Mother's Maiden Name
7. Mother's Birthplace Ale Caroline County N. D.
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Debrah Thomas

Address No 71 Burgundy Alley

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4127

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) mail
2. Race or Color (if not of the white race) african
3. Date of Birth July 3
4. Place of Birth (Street and Number) Baltimore welcome alley 103
5. Full Name of Mother george davis
6. Mother's Maiden Name george hall
7. Mother's Birthplace Baltimore
8. Full Name of Father john davis
9. Father's Occupation white washing.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. emley huse

Address west st 203.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4128

RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3-

1. *Sex (state whether Male or Female)* Colored male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 3rd
4. *Place of Birth (Street and Number)* Dallas st- 152
5. *Full Name of Mother* Elizabeth M raft-
6. *Mother's Maiden Name* Elizabeth abbott
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James M raft-
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 153 Choptank st

Remarks

4129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Knabe
2. *Race or Color (if not of the white race)* non W.
3. *Date of Birth* d. 3. Juli 1875.
4. *Place of Birth (Street and Number)* 19. O. Donell St. Canton.
5. *Full Name of Mother* Auguste Sandmann.
6. *Mother's Maiden Name* Baumeister.
7. *Mother's Birthplace* Preußen.
8. *Full Name of Father* Hermann Heinrich Sandmann.
9. *Father's Occupation* Tagelöhner.
10. *Father's Birthplace* Preußen.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address 118. Curtis St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4. d.

1. Sex (state whether Male or Female) Knabe.
2. Race or Color (if not of the white race) weiß.
3. Date of Birth d. 3 Juli 1875.
4. Place of Birth (Street and Number) Clinton St.
5. Full Name of Mother Margaretha Gellike.
6. Mother's Maiden Name Geningham.
7. Mother's Birthplace Camberland.
8. Full Name of Father Thomas Gellike.
9. Father's Occupation Roller.
10. Father's Birthplace Pennsylvanien

Name of Medical Attendant, or other Person who makes this Return. Anna Rommen.

Address 118. Carlei St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

41.31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 3rd 1875
4. Place of Birth (Street and Number) No 6 Jenkins Alley
5. Full Name of Mother Mary Edelin
6. Mother's Maiden Name "
7. Mother's Birthplace St Mary's Co Maryland
8. Full Name of Father Charles Moulton
9. Father's Occupation Waiter
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. B. B. Browne M. D.

Address 307 Madison Avenue

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4132

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth July 3d 1875
4. Place of Birth (Street and Number) 73 S. Caroline St.
5. Full Name of Mother Zilphia Isabella Arrington
6. Mother's Maiden Name " " Budd
7. Mother's Birthplace Virginia
8. Full Name of Father James William Arrington
9. Father's Occupation Machinist
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Augustus F. Erich M.D.

Address 94 S. Broadway

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4 children

1. Sex (state whether Male or Female) 1 ~~girl~~ boys
2. Race or Color (if not of the white race) White
3. Date of Birth 3th of July 1875
4. Place of Birth (Street and Number) 25 South Register st
5. Full Name of Mother Kate Biat
6. Mother's Maiden Name Kate Command
7. Mother's Birthplace irland
8. Full Name of Father John Commant
9. Father's Occupation xx iron moulder
10. Father's Birthplace " irland.

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 4 11 North Chappel St pr John Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3th of July 1875
4. Place of Birth (Street and Number) 406 North Alice anna st
5. Full Name of Mother Lari Götz
6. Mother's Maiden Name Lari Habrick
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Habrick
9. Father's Occupation Kuber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 E North chapp st fr John Kunkel

Remarks Heathy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 3rd 1875
4. Place of Birth (Street and Number)	S.W. Cor. Fremont & Pierce
5. Full Name of Mother	Sarah Earle
6. Mother's Maiden Name	Offenbach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Earle
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. N. C. Cuddy
Address	363 Franklin St.
Remarks	

Clerk Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 3d
4. *Place of Birth (Street and Number)* 472 E. Chase St
5. *Full Name of Mother* Mary Hoff
6. *Mother's Maiden Name* Mary Buhne
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Hoff
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Christian Sauer

Address 173 Harford Av

Remarks

born Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 3rd 1875
4. *Place of Birth (Street and Number)* No. 76 Park Ave
5. *Full Name of Mother* Jane McGlennon
6. *Mother's Maiden Name* Jane Burnes
7. *Mother's Birthplace* Dublin Ireland.
8. *Full Name of Father* John L. McGlennon
9. *Father's Occupation* Assistant Surveyor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen

Address 23 N. Liberty St.

Remarks

Text Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4138

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUL 7 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4 children

1. Sex (state whether Male or Female) 1 boy, last boy
2. Race or Color (if not of the white race) White
3. Date of Birth 3 of July 1875
4. Place of Birth (Street and Number) 25 South Register st
5. Full Name of Mother Kate S Kiate
6. Mother's Maiden Name Kate Command
7. Mother's Birthplace Island
8. Full Name of Father John Command
9. Father's Occupation Iron moulder
10. Father's Birthplace Island

Name of Medical Attendant, or other Person who makes this Return. Crasentia Kunkel

Address 11 North chappel st c/o John Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 child

1. Sex (state whether Male or Female) 1 boy
2. Race or Color (if not of the white race) White
3. Date of Birth 3rd of July 1875
4. Place of Birth (Street and Number) 405 North Alice anna st
5. Full Name of Mother Lari Gez
6. Mother's Maiden Name Lari Habrig
7. Mother's Birthplace 1 Baltimore
8. Full Name of Father Henry Habrik
9. Father's Occupation Kuber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crecentia Kunkel

Address 71 North Chappel st Jr John Kunkel

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 6 1878

No. of Child of Mother (state whether 1st, 2d, 3d; &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 3d 1878
4. Place of Birth (Street and Number)	No 24 Williamson St
5. Full Name of Mother	Emma V. Riggins
6. Mother's Maiden Name	Emma V Kelly
7. Mother's Birthplace	Maryland
8. Full Name of Father	Geo. W. Riggins
9. Father's Occupation	Mechanic
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M D
Address	17 Warren Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th of July
4. Place of Birth (Street and Number)	No 11 Linden Alley
5. Full Name of Mother	Hannora Dee
6. Mother's Maiden Name	Hannora Duaide
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Dee
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Horrigan
Address	No 112 Scott Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4142

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 4 July.
4. *Place of Birth* (Street and Number) 545 N. Gay
5. *Full Name of Mother* Margaret Severson
6. *Mother's Maiden Name* Meredith
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Thomas Henry Severson
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. D. Jno. W. Grayson

Address 18 Asquith St

Remarks

11143

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Thirteenth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 4th 1875
4. *Place of Birth* (Street and Number) N 96 Warner St
5. *Full Name of Mother* Mary Ann Doyle
6. *Mother's Maiden Name* Mary Ann McGrath
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Doyle
9. *Father's Occupation* ~~Grant~~ Stone Mason
10. *Father's Birthplace* County Wicklow - Ireland

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard

Address N 114 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4144

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth 4th July 1875
4. Place of Birth (Street and Number) 252 S. Broadway
5. Full Name of Mother Rosa Whitehill
6. Mother's Maiden Name Rosa Stern
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Whitehill
9. Father's Occupation Merchant
10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Bathill

Address 207 S. Broadway

Remarks Israelites

4143

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUL 15 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4 1875
4. Place of Birth (Street and Number)	76 George St
5. Full Name of Mother	Sarah R Hobbs
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H Hobbs
9. Father's Occupation	Clerk
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	W. T. Clark
Address	55 N Green St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4146

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex (state whether Male or Female)* Male Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* on the 4 of July 1875
4. *Place of Birth (Street and Number)* No 28 Spring St
5. *Full Name of Mother* Hamila ~~E~~ Chase
6. *Mother's Maiden Name* Hamila Reid
7. *Mother's Birthplace* Baltimore M D
8. *Full Name of Father* John Chase
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Washton D C

Name of Medical Attendant, or other Person who makes this Return. Harrold Jackson

Address No 97 Chestnut St

Remarks Harrd Jackson No 97 Chestnut St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4147

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sebent

1. Sex (state whether Male or Female) Femel
2. Race or Color (if not of the white race) Whist
3. Date of Birth 4th Juli
4. Place of Birth (Street and Number) 16. Abort Str.
5. Full Name of Mother Josefiene Kálal
6. Mother's Maiden Name " " " Kolihal
7. Mother's Birthplace Kolišov Bohemia.
8. Full Name of Father Jos= Kálal
9. Father's Occupation Cabinet-maker
10. Father's Birthplace Lucavec Bohemia.

Name of Medical Attendant, or other Person who makes this Return. Josefiene Conrad

Address No. 20. Barnet Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4148

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 4 of July 1875
4. *Place of Birth* (Street and Number) No 2. Bruce St.
5. *Full Name of Mother* Kate Turney
6. *Mother's Maiden Name* " " Tillotea
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick E Turney
9. *Father's Occupation* Maginist
10. *Father's Birthplace* Canada

Name of Medical Attendant, or other Person who makes this Return. Catherina Seedach

Address 439 W Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11119

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth (5)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4th 1875
4. Place of Birth (Street and Number)	284 Bank St.
5. Full Name of Mother	Fanny R. Adams
6. Mother's Maiden Name	Fanny Jarvis
7. Mother's Birthplace	Middlesex County Va
8. Full Name of Father	James T. Adams
9. Father's Occupation	Engineer
10. Father's Birthplace	King & Queen County Va
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	#31 Luzerne St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4150

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th July, 1875.
4. Place of Birth (Street and Number)	175. N. Caroline St.
5. Full Name of Mother	Catharine Katrina
6. Mother's Maiden Name	" Sundebrauer
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Christian Katring
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Rudisill
Address	134 N. Bond St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 4 Day of July 1875
4. *Place of Birth (Street and Number)* No 174 South Dallas st
5. *Full Name of Mother* Sarah Smith
6. *Mother's Maiden Name* Sarah Smith
7. *Mother's Birthplace* Maryland
8. *Full Name of Father*
9. *Father's Occupation* Laborer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo Walker

Address No 174 South Dallas St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

U 23

4152

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth July 4 1875
4. Place of Birth (Street and Number) South Wolfstreet No 52
5. Full Name of Mother Theresia Streb
6. Mother's Maiden Name Theresia Weber
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Johann Streb
9. Father's Occupation Schohmacher
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Rangach

Address South Wolfstr No 28

Remarks

Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* Baby
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* July 4th.
4. *Place of Birth (Street and Number)* Castle Street. No. 106.
5. *Full Name of Mother* Elisabeth Mc. Daney
6. *Mother's Maiden Name* " Armstrong
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* J. Mc. Daney
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Henrietta Glascoe

Address Mc ElWery St

Remarks

4154

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 4th 1875 7 15 A. M.
4. Place of Birth (Street and Number) 163 Jefferson St.
5. Full Name of Mother Isabella Francis Smith
6. Mother's Maiden Name Isabella Francis Hutt
7. Mother's Birthplace Westmoreland Co. Va.
8. Full Name of Father Wm West Smith
9. Father's Occupation Upholsterer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address 69 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) Bright Mulatto
3. Date of Birth July 4th 1875
4. Place of Birth (Street and Number) No 42 Plum aly
5. Full Name of Mother Ama Hackett
6. Mother's Maiden Name Ama Carpenter
7. Mother's Birthplace Virginia
8. Full Name of Father Jerom Hackett
9. Father's Occupation Brick yard Hand
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. J. Shultz

Address No 260 South Eutaw St

Remarks

4156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 7 1875
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. *Sex* (state whether Male or Female)	Boy
2. *Race or Color* (if not of the white race)	Wight
3. *Date of Birth*	July 4th
4. *Place of Birth* (Street and Number)	3. avenue
5. *Full Name of Mother*	Minna Wiegand
6. *Mother's Maiden Name*	Minna Schümmer
7. *Mother's Birthplace*	Sapen
8. *Full Name of Father*	Henry Wiegand
9. *Father's Occupation*	Tail of worke
10. *Father's Birthplace*	Sapen
Name of Medical Attendant, or other Person who makes this Return.	Anna Göller
Address	3. ave.
Remarks	The child is well

11757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	7 "mo 4" 1875
4. Place of Birth (Street and Number)	64 Lee St.
5. Full Name of Mother	Mary C Hobbitzell.
6. Mother's Maiden Name	Mary C. Holingshead
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Wilson Hobbitzell
9. Father's Occupation	Conductor.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	W. Riley
Address	47 Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4158

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. July 6th 1875

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 4th 1875.
4. Place of Birth (Street and Number) No 147 S. Dallas St
5. Full Name of Mother Maggie Trautner
6. Mother's Maiden Name Maggie Roesler
7. Mother's Birthplace America
8. Full Name of Father John Trautner.
9. Father's Occupation Carpenter
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend.

Address No 137 S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4th,
4. Place of Birth (Street and Number)	110 Preston St.
5. Full Name of Mother	Laura A. Ward
6. Mother's Maiden Name	Laura A. McKinney
7. Mother's Birthplace	Prince Geo's Co. Md
8. Full Name of Father	Granville D. Ward
9. Father's Occupation	Telegraph Operator
10. Father's Birthplace	Frad. Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Felix Laurence
Address	148 Mulberry St.
Remarks	Healthy Child

4160

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4th 1875
4. Place of Birth (Street and Number)	20½ Augusta St.
5. Full Name of Mother	Selina S. Chapman.
6. Mother's Maiden Name	Selina S. Little,
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Jonathan G. W. Chapman,
9. Father's Occupation	Clerk.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	S. N. Neal M.D.
Address	75 E. Baltimore St.
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 4th 1875
4. Place of Birth (Street and Number) N. Dallas St. No 43.
5. Full Name of Mother Mary E. Martens
6. Mother's Maiden Name Mary E. Hanson
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Martens
9. Father's Occupation none
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4th 1875
4. Place of Birth (Street and Number)	Bureau St 62
5. Full Name of Mother	Mary Holden
6. Mother's Maiden Name	Mary Molloy
7. Mother's Birthplace	Ireland
8. Full Name of Father	Richard Holden
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jane Weinneberger
Address	23 N. Liberty St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth (6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 5th, 1875
4. Place of Birth (Street and Number) No. 137 N. Broadway
5. Full Name of Mother Mrs. Sarah J. Little
6. Mother's Maiden Name Miss Sarah J. McAdon
7. Mother's Birthplace Harford Co. Md.
8. Full Name of Father Mr. Thos. A. Little
9. Father's Occupation Rectifier of Liquors
10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen

Address No. 93 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4164

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 5th 1875

4. Place of Birth (Street and Number) 82 P. Pappelton St

5. Full Name of Mother Kate Hogan

6. Mother's Maiden Name Kate McGee

7. Mother's Birthplace Ireland

8. Full Name of Father John Hogan

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer M.D.

Address 379 W. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~3446~~ 4113

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 5 1875
4. Place of Birth (Street and Number) 205 Lemon Alley Baltimore
5. Full Name of Mother Mary Kelly
6. Mother's Maiden Name Mary Kelly
7. Mother's Birthplace Ireland
8. Full Name of Father James Kelly
9. Father's Occupation Labour
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula S Chrisine

Address 129 E Monument St

Remarks Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11166

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 5th 1875.
4. Place of Birth (Street and Number)	382 Light St.
5. Full Name of Mother	Elizabeth Roberts.
6. Mother's Maiden Name	" Donallen.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Wm Henry Roberts.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 S. Sharp St.
Remarks	Child girl - healthy in appearance.

RETURN OF A BIRTH.

1167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5th 1875
4. Place of Birth (Street and Number)	111 Cathedral St.
5. Full Name of Mother	Catharine L. Redgrave
6. Mother's Maiden Name	Catharine L. Park
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	W. S. Redgrave
9. Father's Occupation	Druggist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. Mitchell
Address	121 W. Monument St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4168

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5th 1875
4. Place of Birth (Street and Number)	149 N. Gilmor St
5. Full Name of Mother	Margaret Leib
6. Mother's Maiden Name	Margaret Bruce
7. Mother's Birthplace	Baltimore
8. Full Name of Father	M. W. Leib
9. Father's Occupation	
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	S. W. Hillenbrand M.D.
Address	121 W. Monument St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth July 5th 1875
4. Place of Birth (Street and Number) 85 S. Exeter
5. Full Name of Mother Annie Loretta Katican
6. Mother's Maiden Name " " Doyle
7. Mother's Birthplace Baltimore City
8. Full Name of Father
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baltimore City
Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D
Address 27 N. Broadway
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4170

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 5 July 1875
4. *Place of Birth* (Street and Number) Chapel st. No 35
5. *Full Name of Mother* Barbara Režai
6. *Mother's Maiden Name* Barbara Kubiček
7. *Mother's Birthplace* Kolin in Böhm.
8. *Full Name of Father* Josef Režai
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kolin in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Kopsch

Address

Remarks

4171

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th child

1. Sex (state whether Male or Female) Male. born 5th of July 1875
2. Race or Color (if not of the white race) White
3. Date of Birth Born 5th of July 1875
4. Place of Birth (Street and Number) No 27 N. Schroeder St.
5. Full Name of Mother Eva Mary Weber
6. Mother's Maiden Name Eva Mary Slickerman
7. Mother's Birthplace In Germany
8. Full Name of Father Peter Weber
9. Father's Occupation Cabinet maker
10. Father's Birthplace In Germany

Name of Medical Attendant, or other Person who makes this Return. Bathavina Sunbeck

Address [illegible] Lowell [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth July 5th
4. Place of Birth (Street and Number) Calander Street No. 17.
5. Full Name of Mother Loisa Butterway
6. Mother's Maiden Name Loisa Effig
7. Mother's Birthplace Baltimore
8. Full Name of Father Anton Butterway
9. Father's Occupation John Butterway
10. Father's Birthplace Germana

Name of Medical Attendant, or other Person who makes this Return. Catharina Sunbach

Address West Lovett St 437

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4173

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 5 of July 1875

4. Place of Birth (Street and Number) No 24 Sarah Ann St

5. Full Name of Mother Mis Bollock

6. Mother's Maiden Name Mary Louisa Schlag

7. Mother's Birthplace Baltimore

8. Full Name of Father Fredeick Bollock

9. Father's Occupation Sober

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Mayarenus

Address Russel St No 70

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

41174

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 5th 1875
4. *Place of Birth (Street and Number)* 76 Park avenue
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Alexander D. Tucker
9. *Father's Occupation* Book-keeper
10. *Father's Birthplace* unknown

Name of Medical Attendant, or other Person who makes this Return. Chas Wilson

Address 76 Park avenue

Remarks An illegitimate child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4175

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 5th 1875
4. *Place of Birth (Street and Number)* No. 25 South Wolf St.
5. *Full Name of Mother* Priscilla Abbott
6. *Mother's Maiden Name* " Mc Tyre
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Charles Colson Abbott
9. *Father's Occupation* Stevadore
10. *Father's Birthplace* West India

Name of Medical Attendant, or other Person who makes this Return. Dr. E. P. Byrne

Address No. 406 E. Baltimore St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1176

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 5th 1875
4. Place of Birth (Street and Number) 89 N. Biddle St Baltimore
5. Full Name of Mother Mary Catharine Meagher
6. Mother's Maiden Name " " Schutt
7. Mother's Birthplace Baltimore
8. Full Name of Father John Meagher
9. Father's Occupation Officer at Penitentiary
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. Lane Tanneyhill MD

Address 129 N. Biddle St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4177

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5 th 1875
4. Place of Birth (Street and Number)	No 35 Portland st.
5. Full Name of Mother	Mary Kassenger.
6. Mother's Maiden Name	Keiming.
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Kassenger.
9. Father's Occupation	Blacksmith,
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 5th July 1875
4. Place of Birth (Street and Number) Brown street No 45
5. Full Name of Mother Mary H Clockley
6. Mother's Maiden Name Mary H Hillen
7. Mother's Birthplace Baltimore
8. Full Name of Father David H Clockley
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs D Brune

Address 114 Battery Ave.

Remarks

Extract Regulations of the Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4179

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) race colord
3. Date of Birth 5 of July 1875
4. Place of Birth (Street and Number) Mores alley No 36
5. Full Name of Mother aney Baley Singgel Woman
6. Mother's Maiden Name
7. Mother's Birthplace Snow hell. orchester Cantey MS
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Misses Sarey S Mothers

Address

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 6 1875
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	10 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 5 th 1875
4. Place of Birth (Street and Number)	275 n Bond St.
5. Full Name of Mother	Anna Marie Schaufle
6. Mother's Maiden Name	" " Schade
7. Mother's Birthplace	Germany
8. Full Name of Father	Heinrich Schaufle
9. Father's Occupation	Töller
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reisz
Address	No 40 E Fayette Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11181

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 5th 1895
4. *Place of Birth* (Street and Number)	400 N Sticker St
5. *Full Name of Mother*	Mary E Harvey
6. *Mother's Maiden Name*	Mary E Beehler
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Robt M Harvey
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	W L Regester MD
Address	845 W Baltimore St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4182

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 5th

4. Place of Birth (Street and Number) 74 Cross St

5. Full Name of Mother Catherine Stone

6. Mother's Maiden Name Lindsey

7. Mother's Birthplace Frederick Md

8. Full Name of Father John W. Stone

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. [illegible] M D

Address Cor Pine & George St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 5 July
4. *Place of Birth (Street and Number)* 22 Bartel st.
5. *Full Name of Mother* Amy Broken
6. *Mother's Maiden Name* Lurhfungi's
7. *Mother's Birthplace* Baldimore
8. *Full Name of Father* Chair worker Lus Broken
9. *Father's Occupation* Chair worker
10. *Father's Birthplace* Pensylvania

Name of Medical Attendant, or other Person who makes this Return. Dr Gerstenberger

Address 104 columbia.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 5th 1975.
4. *Place of Birth (Street and Number)* 195 South Eden St.
5. *Full Name of Mother* Barbra Hautz.
6. *Mother's Maiden Name* " " Wells.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Andrew S. Hautz.
9. *Father's Occupation* Laboring.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Wolframm.

Address 195 South Eden St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11853

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL
7
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2da

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* July 5th 1875
4. *Place of Birth (Street and Number)* 17 Vine st
5. *Full Name of Mother* Margaret Pinkney
6. *Mother's Maiden Name* Nile
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* L. Henry Pinkney
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Talbot Co. Md.

Name of Medical Attendant, or other Person who makes this Return. J. Gilmanick, D.

Address 172 Saratoga st

Remarks Well developed, healthy Child

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The third child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* ———

3. *Date of Birth* the sixth of July 1875

4. *Place of Birth (Street and Number)* Hanover Street No. 34.

5. *Full Name of Mother* Anna Kay

6. *Mother's Maiden Name* Anna Blasdt

7. *Mother's Birthplace* Dahlbach Germany

8. *Full Name of Father* Thomas Kay

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Dahlbach Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4187

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th of July
4. Place of Birth (Street and Number)	Barlett Street N°24
5. Full Name of Mother	Susan Williams
6. Mother's Maiden Name	Susan E Rockafellow
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Williams
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Horrigan
Address	N° 112 Scott Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Children

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Wite
3. Date of Birth 6 of July
4. Place of Birth (Street and Number) No. 12 Clemans St.
5. Full Name of Mother Christina Kimmell
6. Mother's Maiden Name Christina Eschaick
7. Mother's Birthplace Baltimore
8. Full Name of Father Phillip Kimmill
9. Father's Occupation Cigare Mutter.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Martin

Address West. St. No. 128.

Remarks

Laws for Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4189

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex (state whether Male or Female) Male Child

2. Race or Color (if not of the white race) White

3. Date of Birth 6 of July.

4. Place of Birth (Street and Number) South Regester St

5. Full Name of Mother Susie E. Himebuch,

6. Mother's Maiden Name Susie E. Weber.

7. Mother's Birthplace Baltimore

8. Full Name of Father George Himebuch.

9. Father's Occupation Limester

10. Father's Birthplace in Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Brendel

Address No 208 South Bond St

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4190

HEALTH DEPARTMENT
JUL 12 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 6d 1875
4. Place of Birth (Street and Number)	No 54 Warren Avenue
5. Full Name of Mother	Mary E Smith
6. Mother's Maiden Name	Mary E. Clark
7. Mother's Birthplace	Maryland
8. Full Name of Father	John W Smith
9. Father's Occupation	Glass Blower
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M.D
Address	17 Warren Av
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4191

HEALTH DEPARTMENT
JUL
12
1975
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 6th
4. *Place of Birth (Street and Number)* Dungan Alley No. 44 north
5. *Full Name of Mother* Barbara Annreihn
6. *Mother's Maiden Name* Barbara Friedel
7. *Mother's Birthplace* Frameslach Germany
8. *Full Name of Father* Phillip Annreihn
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Hrameslach Germany

Name of Medical Attendant, or other Person who makes this Return. Maria Lederer

Address 23 S. Durham St.

Remarks

Legal Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11192

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female Color of Child Brown
2. Race or Color (if not of the white race)	
3. Date of Birth	Born on 4 of July
4. Place of Birth (Street and Number)	Place of Birth No 70 north Amer
5. Full Name of Mother	Louisa purviance
6. Mother's Maiden Name	Louisa Robinson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Father James purviance
9. Father's Occupation	Father Occupation Lab.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mid wife Harriet Brit
Address	No 70 north Amer
Remarks	

RETURN OF A BIRTH.

11193

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White.

3. Date of Birth 6th of July

4. Place of Birth (Street and Number) 42 Albert Str.

5. Full Name of Mother Amalie Dann.

6. Mother's Maiden Name " " Esser.

7. Mother's Birthplace Balte

8. Full Name of Father Gotho Dann.

9. Father's Occupation Laborer

10. Father's Birthplace Balte.

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No 20 Darnell Str.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 4194

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One child, first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the One
4. *Place of Birth (Street and Number)* 322 Forest Street
5. *Full Name of Mother* Catherine Flanlon
6. *Mother's Maiden Name* Catherine Gunnige
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Flandlon
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address 129 E Mounement St

Remarks

RETURN OF A BIRTH.

4193

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 6
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 6 1875
4. *Place of Birth (Street and Number)* No 9 Gaithergers Court
5. *Full Name of Mother* Mary Grace Tremel
6. *Mother's Maiden Name* Mary Grace Shaw
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Tremel
9. *Father's Occupation* Waterman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Ann E Bell

Address No 171 South Chester st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	14
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 6th
4. Place of Birth (Street and Number)	74 Lancaster
5. Full Name of Mother	Josephine Bellis
6. Mother's Maiden Name	Josephine Brown
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	William Bellis
9. Father's Occupation	Corker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Conner M
Address	Chapline st 153
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 6th 75.
4. Place of Birth (Street and Number)	Allice anna st No. 119
5. Full Name of Mother	Barbara Miller
6. Mother's Maiden Name	Barbara Schneibeich
7. Mother's Birthplace	Wallen fels
8. Full Name of Father	George Miller
9. Father's Occupation	Laborer
10. Father's Birthplace	Wallenfels Beiern
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuttle
Address	Midwife
Remarks	No 320 allice anna st —

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 3rd 1875
4. Place of Birth (Street and Number)	151 Pierce St
5. Full Name of Mother	Elizabeth Simpson
6. Mother's Maiden Name	Elizabeth Robinson
7. Mother's Birthplace	Boling Green Va
8. Full Name of Father	Thomas Simpson
9. Father's Occupation	Laborer
10. Father's Birthplace	Fredricksburg Va
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stubbs
Address	Sharp St Alley.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 6th 1875.
4. *Place of Birth* (Street and Number)	No. 161 Choptank st
5. *Full Name of Mother*	Christiana Kuhn
6. *Mother's Maiden Name*	Christiana Steigerwald
7. *Mother's Birthplace*	Hanover Germany
8. *Full Name of Father*	Stephen Kuhn
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuette
Address	Midwife
Remarks	No. 320 Alice Anna st

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11200

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 6th 1875.
4. Place of Birth (Street and Number)	Canton ave. No. 102½ —
5. Full Name of Mother	Maria Betz.
6. Mother's Maiden Name	Maria Klaus
7. Mother's Birthplace	Baltenburg Prussia
8. Full Name of Father	Jacob Betz.
9. Father's Occupation	Milkman
10. Father's Birthplace	Bayern
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schuttle
Address	No. 320 Alice Anna st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth ~~63 East Lombard St~~ July 6th 7 A.M.
4. Place of Birth (Street and Number) 63 East Lombard St
5. Full Name of Mother Sarah F Williamson
6. Mother's Maiden Name " " Vickery
7. Mother's Birthplace Baltimore
8. Full Name of Father William Williamson
9. Father's Occupation Teamster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. N Greg Kherzer M.D.

Address 117 E Baltimore St

Remarks

4202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
2
1876
BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	4 Mail 4 Femail
2. Race or Color (if not of the white race)	write
3. Date of Birth	July the 6 1875
4. Place of Birth (Street and Number)	Baltimore Mc henry st No 302
5. Full Name of Mother	sarah ann Mackley
6. Mother's Maiden Name	sarah ann Murphey
7. Mother's Birthplace	Barns Co
8. Full Name of Father	John Henry Mackley
9. Father's Occupation	Brakesman
10. Father's Birthplace	Mont gomery Co
Name of Medical Attendant, or other Person who makes this Return.	Mrs Spurgeon
Address	
Remarks	

4203

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) Colard
3. *Date of Birth* July 7
4. *Place of Birth* (Street and Number) no 30 Hart st
5. *Full Name of Mother* Martha Courian
6. *Mother's Maiden Name* Martha Broughton
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hampton Courian
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Johnson

Address no 32 Hart st

Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4204

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth July 7th 1875
4. Place of Birth (Street and Number) 3. W. Wolf Street
5. Full Name of Mother Green
6. Mother's Maiden Name "
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation Illegitimate
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. W. H. Clindinen M.D.

Address

Remarks This child lived 21 days only

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 7th 1875
4. Place of Birth (Street and Number) No 145 Dallas st
5. Full Name of Mother Katharina Garbold
6. Mother's Maiden Name Katharina Siabart
7. Mother's Birthplace Germany
8. Full Name of Father Henry Garbold
9. Father's Occupation Labore
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4216

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 7th 1875
4. *Place of Birth (Street and Number)* No 275 Central Ave
5. *Full Name of Mother* Lizzie Wolf
6. *Mother's Maiden Name* Lizzie Frank
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edword Wolf
9. *Father's Occupation* Sailsman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillgeist

Address No 181 Monument St

Remarks

4207

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 7th 1875
4. Place of Birth (Street and Number)	138 St. Paul St.
5. Full Name of Mother	Lucy Martin Hopkins
6. Mother's Maiden Name	Lucy Boyden
7. Mother's Birthplace	Virginia
8. Full Name of Father	Lewis N. Hopkins
9 Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 N Charles St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4208

HEALTH-DEPARTMENT JUL 17 1876 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) femal
2. Race or Color (if not of the white race) colord
3. Date of Birth July the 1 1875
4. Place of Birth (Street and Number) Baltimore 58 Elbow lane
5. Full Name of Mother priscilla frisby
6. Mother's Maiden Name priscilla Legree
7. Mother's Birthplace Queen Ann County
8. Full Name of Father Robert Legree
9. Father's Occupation Barber
10. Father's Birthplace Rhode Island

Name of Medical Attendant, or other Person who makes this Return Chester Bardly

Address 85 Orchard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 7. 75
4. *Place of Birth (Street and Number)* 172 East St
5. *Full Name of Mother* Mary Amrein
6. *Mother's Maiden Name* Muller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Amrein
9. *Father's Occupation* Smit
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchmann

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 7th 1875
4. Place of Birth (Street and Number) No 135 Fremont St.
5. Full Name of Mother Barbara Schilder
6. Mother's Maiden Name Barbara Schild
7. Mother's Birthplace Ellerich Bavaria
8. Full Name of Father Bernhard Schiller
9. Father's Occupation Russia
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Ba[illegible] [illegible]

Address West Lynch No 439

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7th of July 1875
4. Place of Birth (Street and Number) No 241 S. Ann St
5. Full Name of Mother Hannah Süfle
6. Mother's Maiden Name " Walter
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Süfle
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S. Bond St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2d Child.

1. *Sex* (state whether Male or Female) a Male.
2. *Race or Color* (if not of the white race) th Whit race.
3. *Date of Birth* born 7th of July.
4. *Place of Birth* (Street and Number) No 236 Preston St.
5. *Full Name of Mother* Regina Blumenroeder.
6. *Mother's Maiden Name* Regina Hamm.
7. *Mother's Birthplace* born in Germy.
8. *Full Name of Father* John Blumenroeder.
9. *Father's Occupation* a Tailor.
10. *Father's Birthplace* born in Germy.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Eigeldinger.

Address No 14 Union Strat.

Remarks

4213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 7th 1875
4. Place of Birth (Street and Number) 65 Chatsworth St
5. Full Name of Mother Julia Ann Thomas
6. Mother's Maiden Name nee Gray
7. Mother's Birthplace Winchester Virginia
8. Full Name of Father John Richard Thomas
9. Father's Occupation Waiter Waiter
10. Father's Birthplace Calvert Co Calvert Co.

Name of Medical Attendant, or other Person who makes this Return. J. E. Atkinson

Address 209 W. Biddle St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

4211

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the 7th 1875
4. *Place of Birth (Street and Number)* 32 Hampstead St
5. *Full Name of Mother* Sophia ~~City~~ Evans
6. *Mother's Maiden Name* Sophia Fritsch
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* David Evans
9. *Father's Occupation* Dr.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Johnson

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 7 July
4. Place of Birth (Street and Number) No 317 Mulberry St
5. Full Name of Mother Anna Haus
6. Mother's Maiden Name Anna Kummert
7. Mother's Birthplace Baltimore
8. Full Name of Father Lorenz Haus
9. Father's Occupation Cigar Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunbar

Address No 10 Shroder St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4216

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 7th 1875.
4. *Place of Birth* (Street and Number)	Back St. 245.
5. *Full Name of Mother*	Emma O'Brien
6. *Mother's Maiden Name*	" Sendler.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Giles O'Brien
9. *Father's Occupation*	Police
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 South Calvert St.
Remarks	

RETURN OF A BIRTH.

11017

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July the 7th 1875
4. Place of Birth (Street and Number) 32 Hampstead Street
5. Full Name of Mother Sophia Fritsch
6. Mother's Maiden Name "
7. Mother's Birthplace Baltimore
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J Raupach Midwife

Address 28 S Wolf Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4918.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1873 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 7th
4. Place of Birth (Street and Number)	Balt. Washington . No 101.
5. Full Name of Mother	Hannah Fowler
6. Mother's Maiden Name	Short.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Samuel M. Fowler
9. Father's Occupation	Can — maker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	M A Dawson M.D.
Address	218 Bank St.
Remarks	Living well.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 7th 1875
4. Place of Birth (Street and Number) 218 N Chapel st
5. Full Name of Mother Mary Ann Hatton
6. Mother's Maiden Name Mary Ann Corcoran
7. Mother's Birthplace Baltimore County
8. Full Name of Father Wm Henry Hatton
9. Father's Occupation Can Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell

Address N. W. Cor Broadway & Madison st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4220

HEALTH DEPARTMENT
JUL 12 1875
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 7th 1875
4. Place of Birth (Street and Number) Walnut Alley
5. Full Name of Mother Catherine Roeder
6. Mother's Maiden Name Catherine Brown
7. Mother's Birthplace Baden Baden Germany
8. Full Name of Father John A. Roeder
9. Father's Occupation Tailor
10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Mesenzehl (Midwife)

Address 214 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4221

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) seventh

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 7 th of July
4. *Place of Birth (Street and Number)* 45 Barnet Str.
5. *Full Name of Mother* Antonie Levi
6. *Mother's Maiden Name* " " " Levi
7. *Mother's Birthplace* Nalzion Bohemia
8. *Full Name of Father* Wenzel Levi
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Pacin Bohemia.

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No. 20 Barnet Str.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	left
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	7th of July
4. *Place of Birth* (Street and Number)	16 Antonie Sts
5. *Full Name of Mother*	Marie Rylak
6. *Mother's Maiden Name*	" " Charvát.
7. *Mother's Birthplace*	Přeborov Bohemia.
8. *Full Name of Father*	Jos= Rylak
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Wokrouhlí. Bohemia.
Name of Medical Attendant, or other Person who makes this Return.	Josefine Conrad
Address	No. 20 Barnet Sts.
Remarks	

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4223 3523

HEALTH DEPARTMENT JUL 7 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) female.
2. ~~Race or Color (if not~~ of the white race)
3. Date of Birth 6th July, 1875.
4. Place of Birth (Street and Number) 108 N. High St.
5. Full Name of Mother Anne Dempsey.
6. Mother's Maiden Name Anne Meehan.
7. Mother's Birthplace Baltimore.
8. Full Name of Father Patrick Dempsey.
9. Father's Occupation Clerk.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Geo. J. Collins, M.D.

Address 46 Richmond St. Baltimore.

Remarks

Extract Regulations of the Board of Health to secure a regular and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* feamail
2. *Race or Color (if not of the white race)* african
3. *Date of Birth* July the 7
4. *Place of Birth (Street and Number)* Baltimore west st 226
5. *Full Name of Mother* katy osianley
6. *Mother's Maiden Name* katy oneal
7. *Mother's Birthplace* esix county va
8. *Full Name of Father* Edward sianley
9. *Father's Occupation* waiter
10. *Father's Birthplace* cambriz md

Name of Medical Attendant, or other Person who makes this Return. emley hurl west st 203

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	7th July 1875
4. *Place of Birth (Street and Number)*	5 Bank Str.
5. *Full Name of Mother*	Bridget Donoway
6. *Mother's Maiden Name*	" Filbert
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Wm Donoway
9. *Father's Occupation*	Officer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 Lombard Str.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 7th July 1875
4. *Place of Birth (Street and Number)* 22 Walker Str.
5. *Full Name of Mother* Maggie Brunner
6. *Mother's Maiden Name* " Loving
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Brunner
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard Str.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 7th 1875
4. Place of Birth (Street and Number) 19 S Republican St
5. Full Name of Mother Ellenore Scharf
6. Mother's Maiden Name Brown
7. Mother's Birthplace B City
8. Full Name of Father George Dallas Scharf
9. Father's Occupation Huckster
10. Father's Birthplace B City

Name of Medical Attendant, or other Person who makes this Return. J H Kenney

Address 76 Pacca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 24. 4228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Juli 7. 1875
4. Place of Birth (Street and Number) Jacksons Quere
5. Full Name of Mother Sophie Fritsch
6. Mother's Maiden Name dito
7. Mother's Birthplace Baltimore
8. Full Name of Father Unehliche Vaterschaft
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Paupach

Address South Wolfstr No. 28

Remarks Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4229

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 7th 1875
4. Place of Birth (Street and Number) 115 Columbia Ave
5. Full Name of Mother Alice P Shock
6. Mother's Maiden Name Boardley
7. Mother's Birthplace B City
8. Full Name of Father Philip Edwin Shock
9. Father's Occupation Upholster
10. Father's Birthplace Phila Penn

Name of Medical Attendant, or other Person who makes this Return. I H Cuney

Address 76 S Pace St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

112.30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5c
1. *Sex* (state whether Male or Female)	3 female 2 male
2. *Race or Color* (if not of the white race)	wite
3. *Date of Birth*	July the 1 1879
4. *Place of Birth* (Street and Number)	Baltimore Parish st 49
5. *Full Name of Mother*	sarey and smith
6. *Mother's Maiden Name*	sarey annn Bcraft
7. *Mother's Birthplace*	Montgomery Co. M D
8. *Full Name of Father*	charles Smith
9. *Father's Occupation*	Fireman
10. *Father's Birthplace*	howard Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Susannah Luburger
Address	
Remarks	

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, natlvity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 7th/75
4. Place of Birth (Street and Number)	Allice Anna st No. 314
5. Full Name of Mother	Louisa Thay
6. Mother's Maiden Name	Louisa Thaler
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Louis Thay
9. Father's Occupation	Can maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schutte
Address	Midwife
Remarks	No. 320 Allice Anna st.

4232

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 7th 1875
4. Place of Birth (Street and Number) No 19 Warner St
5. Full Name of Mother Caroline Newman
6. Mother's Maiden Name Caroline Kaufmann
7. Mother's Birthplace Baden Germany
8. Full Name of Father Lewis Newman
9. Father's Occupation Peddler
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Kemble M.C.

Address No 203 W. Lombard St

Remarks Baltimore

Extract Regulations of the Board of Health to secure a [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 children

1. Sex (state whether Male or Female) last Male
2. Race or Color (if not of the white race) White
3. Date of Birth 1st of July 1875
4. Place of Birth (Street and Number) 38 North in Wope
5. Full Name of Mother Emma Thorstraten
6. Mother's Maiden Name Emma Krum
7. Mother's Birthplace Baltimore
8. Full Name of Father Julius Thorstaten
9. Father's Occupation Bookkeeper
10. Father's Birthplace Demark

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kukel

Address 71 North Chappel st Jno Kunkel

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4234

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth July 8th Mount Royal Ave above McMakin St (no number)
4. Place of Birth (Street and Number) Mount Royal ave above McMakin
5. Full Name of Mother Josephine Fuller
6. Mother's Maiden Name Josephine Walker
7. Mother's Birthplace South Carolina
8. Full Name of Father Robert Means Fuller
9. Father's Occupation Clerk
10. Father's Birthplace South Carolina

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M D

Address 180 Linden Ave

Remarks Position Left Occip - Anterior

Extract Regulations of the Board of Health to [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

20 4235

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether Male or Female~~) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth July 8 1875 6 45/11 P. M
4. Place of Birth (Street and Number) 78 S. Broadway
5. Full Name of Mother Amelia Aguilar
6. Mother's Maiden Name Amelia Bernbaum
7. Mother's Birthplace ~~Austria~~ Prussia
8. Full Name of Father Joseph Aguilar
9. Father's Occupation Oyster Packer
10. Father's Birthplace Austria

Name of Medical Attendant, or other Person who makes this Return. James E. Donnille M.D.

Address 299 E. Balto. St. City

Remarks

Extract Regulations of the Board of Health to secure the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4236

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 8
4. *Place of Birth (Street and Number)* No 34 Fountain St
5. *Full Name of Mother* Maria Vogel
6. *Mother's Maiden Name* Maria Scott
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick Vogel
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St.

Remarks

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4237

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th July
4. Place of Birth (Street and Number) No 50 Barre St
5. Full Name of Mother Elizabeth Chase
6. Mother's Maiden Name Elizabeth Burton
7. Mother's Birthplace Maryland
8. Full Name of Father Richard M. Chase
9. Father's Occupation Plumber
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J C Burch MD

Address 141 Hanover St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwifer or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4238
4246

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Twins Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 8th 1875
4. Place of Birth (Street and Number) Belair Ave no number
5. Full Name of Mother Elizabeth Roüner
6. Mother's Maiden Name Elizabeth Hübner
7. Mother's Birthplace Germany
8. Full Name of Father Casper Roüner
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hens Hillegeis

Address No 1-82 Monument st

Remarks

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4239

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 8th 1875
4. *Place of Birth (Street and Number)* 93 Poppleton Street
5. *Full Name of Mother* Maria Lorie
6. *Mother's Maiden Name* M. Flora
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* George Lorie
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 56 Pearl Street

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4240

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Baltimore July th 8 1875
4. Place of Birth (Street and Number) No 4 Garden Street
5. Full Name of Mother M ~~Thomas~~ Bowen
6. Mother's Maiden Name M Thomas
7. Mother's Birthplace Baltimore
8. Full Name of Father George Bowen
9. Father's Occupation Walter
10. Father's Birthplace Colbert County

Name of Medical Attendant, or other Person who makes this Return. Hester Ann Bordly

Address 85 orchard Street

Remarks

Extract Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

42141

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or [illegible] at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, [illegible]hin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children [illegible]rn, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Baltimore July 4th 1875
4. Place of Birth (Street and Number)	No 14 J Clover alley
5. Full Name of Mother	Sarah pinkney
6. Mother's Maiden Name	Sarah Martin
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John H pinkney
9. Father's Occupation	Servant Waiter
10. Father's Birthplace	South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Christian Bundy
Address	84 ordnance St
Remarks	

4242

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	July 8th 1875.
4. Place of Birth (Street and Number)	52 Fremont St.
5. Full Name of Mother	Fannie Hardesty.
6. Mother's Maiden Name	Fannie Gant.
7. Mother's Birthplace	An Co Md.
8. Full Name of Father	James Hardesty.
9. Father's Occupation	Salesman
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	John A Pennington.
Address	210 Franklin St.
Remarks	

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4243

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 8th 75
4. Place of Birth (Street and Number) 27 Shuder St
5. Full Name of Mother Annia Thopson
6. Mother's Maiden Name Do
7. Mother's Birthplace Easton Shore Virginia
8. Full Name of Father Cant Say
9. Father's Occupation Do
10. Father's Birthplace Do

Name of Medical Attendant, or other Person who makes this Return. Lucindy Woolford midwife

Address 130 No Register St

Remarks A [illegible] very fine

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

42144

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th of July
4. *Place of Birth (Street and Number)* 258 E. Pratt st
5. *Full Name of Mother* Elizabeth Reinhardt
6. *Mother's Maiden Name* Elizabeth Neubacher
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Philip Reinhardt
9. *Father's Occupation* Restaurant-keeper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Louis Wiley

Address No 12 Patterson Park avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4245

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 8th 1875
4. Place of Birth (Street and Number) Mount & Tennant Sts.
5. Full Name of Mother Loretta Verney
6. Mother's Maiden Name Peddicord
7. Mother's Birthplace Howard Co. Maryland
8. Full Name of Father William Mason Verney
9. Father's Occupation Excavator
10. Father's Birthplace Baltimore Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. William W. Murray M.D.

Address Patterson Ave. & Stricker St.

Remarks

Extract Regulations of the Board of Health of the Mayor and Aldermen

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

For #4246

See

#4233

4247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Children

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Witke
3. Date of Birth 8 of july
4. Place of Birth (Street and Number) No. 44 Abeys alla
5. Full Name of Mother Mary Schiner
6. Mother's Maiden Name Mary Staflard
7. Mother's Birthplace New yorke.
8. Full Name of Father Micheal Schiner
9. Father's Occupation Ships carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Martin

Address West. St. No. 128.

Remarks

Extract Regulations of the Board of Health to Regulate the Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th July 1875
4. Place of Birth (Street and Number) 226 Hudson
5. Full Name of Mother Rebecca Frances Benhoff
6. Mother's Maiden Name " " Walker
7. Mother's Birthplace Elkridge Landing Md
8. Full Name of Father William Benhoff
9. Father's Occupation Engineer
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. E Jones Williams

Address No 33 Elliot St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11249

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth the 8 of July 1875
4. Place of Birth (Street and Number) 106 Ensor Street
5. Full Name of Mother Mary H Rundy
6. Mother's Maiden Name Mary H Lasson
7. Mother's Birthplace West Madison Virginia
8. Full Name of Father Henry H Rundy
9. Father's Occupation Labor down the deep pooth
10. Father's Birthplace West Madison Virginia

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address No 70 Chesnut Street

Remarks Mother Child doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4239

HEALTH DEPARTMENT
JUL 14 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	8 of July 1875
4. Place of Birth (Street and Number)	No 5 hull Lain
5. Full Name of Mother	Jane Denis
6. Mother's Maiden Name	Jane Jones
7. Mother's Birthplace	Talbot County Md
8. Full Name of Father	Henry Denis
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Easton Shore Maryland
Name of Medical Attendant, or other Person who makes this Return.	Rossetti Williams
Address	No 70 Chestnut Street
Remarks	Mother Child doing well

[illegible]rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

42.51

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 8. July 1875.
4. *Place of Birth (Street and Number)* 166 William
5. *Full Name of Mother* K. Einwich
6. *Mother's Maiden Name* K. Hermann.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* G. Einwich.
9. *Father's Occupation* Barber.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Katherine Horner.

Address 29. Elizabeth Lan.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 13 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 July
4. Place of Birth (Street and Number)	No 15 Little Gaught Street
5. Full Name of Mother	Caroline Sitty
6. Mother's Maiden Name	Granzes
7. Mother's Birthplace	Country
8. Full Name of Father	August Sittig
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Siemon
Address	70 Granby Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

A MISFILE WAS FOUND & IS BEING CORRECTED

4231

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 8. July 1875.
4. *Place of Birth (Street and Number)* 166 William
5. *Full Name of Mother* K. Einwich
6. *Mother's Maiden Name* K. Herrmann.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* G. Einwich.
9. *Father's Occupation* Barber.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Katherine Horner.

Address 29. Elizabeth Lane.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4252

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) ~~White~~ Girl

2. Race or Color (if not of the white race) White

3. Date of Birth July 8 ⅓ 1875

4. Place of Birth (Street and Number) No 40 Elbow Lane

5. Full Name of Mother Annie Jackson

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 11 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4253

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 July
4. *Place of Birth (Street and Number)* No 15 Little Gough Street
5. *Full Name of Mother* Caroline Sitty
6. *Mother's Maiden Name* Granzer
7. *Mother's Birthplace* Country
8. *Full Name of Father* August Sittig
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemon

Address 70 Granby Street

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 8th July 1875
4. Place of Birth (Street and Number) 13 Jackson Str.
5. Full Name of Mother Ellen McKim
6. Mother's Maiden Name " Macon
7. Mother's Birthplace Ireland
8. Full Name of Father Henry McKim
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E Lombard Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	8th July 1875
4. Place of Birth (Street and Number)	E. Lombard St.
5. Full Name of Mother	Annie Casper
6. Mother's Maiden Name	" Dickman
7. Mother's Birthplace	Baltimde
8. Full Name of Father	Fred. Casper
9. Father's Occupation	Manufacturer
10. Father's Birthplace	Austria
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) Black
3. Date of Birth July 8th 1875
4. Place of Birth (Street and Number) 17 Rose
5. Full Name of Mother Susan Jenkins
6. Mother's Maiden Name Susan Hall
7. Mother's Birthplace Anne Arundle Co: Md:
8. Full Name of Father Phillip Jenkins
9. Father's Occupation Drayman
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr: W B Griffith

Address 117 Madison St:

Remarks

Extract Regulations of the Board of Health, Relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4257

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1, d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July the 8 1875
4. *Place of Birth (Street and Number)*	195 Columbia St.
5. *Full Name of Mother*	Margerette Becker
6. *Mother's Maiden Name*	" " Hillen
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Georger Backer
9. *Father's Occupation*	Box Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chatherine Seebach
Address	439. W. Ratt St.
Remarks	

Extract from Regulations of the Board of Health.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11258

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 8th 1875
4. Place of Birth (Street and Number) 277 Columbia Aven
5. Full Name of Mother Charlotte Spoerer
6. Mother's Maiden Name Sheitt
7. Mother's Birthplace Germany
8. Full Name of Father Charles Spoerer
9. Father's Occupation Coach Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. I H Cerney

Address 76 S Paca St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4259

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 8 or 1878
4. Place of Birth (Street and Number)	484 or Pratt St
5. Full Name of Mother	Lenny Zimmerman
6. Mother's Maiden Name	Stone
7. Mother's Birthplace	Md City Md
8. Full Name of Father	Wm Thos Zimmerman
9. Father's Occupation	Laborer
10. Father's Birthplace	Md Co Md
Name of Medical Attendant, or other Person who makes this Return.	D H Murray
Address	76 Bacon St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4260

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White;
3. *Date of Birth* 8 July 1875.
4. *Place of Birth (Street and Number)* No. 154 George St. Balt'e.
5. *Full Name of Mother* Mary Theresa Plowman.
6. *Mother's Maiden Name* " " King.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* James Robert Plowman.
9. *Father's Occupation* Expressman.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger. M. D.,

Address No. 267 Druid Hill Avenue.

Remarks Head presentation; Vertex Left.

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1261

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st " Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 8 " 1875
4. *Place of Birth* (Street and Number) Low Street No 40
5. *Full Name of Mother* Maria F Seward
6. *Mother's Maiden Name* Seward
7. *Mother's Birthplace* ———
8. *Full Name of Father* James Taylor
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Spines

Address 135 Chestnut St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4262

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 8th 1875
4. *Place of Birth (Street and Number)* 5. S. Front St
5. *Full Name of Mother* Annie Hall
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* Douglass Hall
9. *Father's Occupation* Cooper
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Elenora Wilby acting Midwife

Address

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4263

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, ~~&c.~~)

1. *Sex* (~~state whether Male or~~ Female)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* July 8. 1875
4. *Place of Birth* (Street and Number) 733 Madison Ave
5. *Full Name of Mother* Florence Hood.
6. *Mother's Maiden Name* Florence Haden
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* John W. Hood
9. *Father's Occupation* President & Manager Western Md R. Road
10. *Father's Birthplace* Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return. W. J. Howard M.D.

Address 161 Madison Ave.

Remarks Cary & natural labor.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12611

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4th
4. Place of Birth (Street and Number)	No 20 Burrough St
5. Full Name of Mother	Mary Clessen
6. Mother's Maiden Name	" Stenger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Herman Clefsen
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Margaret Ertel
Address	Cuba Street
Remarks	

4265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jul. 7, 75
4. *Place of Birth (Street and Number)* 61 Bank St
5. *Full Name of Mother* Marie Cook.
6. *Mother's Maiden Name* Cagier
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wilhelm Cook
9. *Father's Occupation* Police
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4266

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth 9 of July

4. Place of Birth (Street and Number) Chase West near Mr. Kims Hill

5. Full Name of Mother Louise

6. Mother's Maiden Name Louise Braun

7. Mother's Birthplace Germany

8. Full Name of Father John Oswald

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Pfaff Midwife

Address No 79 Somerset W.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4267

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	~~19 of July~~ 1 of July
4. Place of Birth (Street and Number)	Point Lahn
5. Full Name of Mother	Anna Maria
6. Mother's Maiden Name	Koenig
7. Mother's Birthplace	Baden Germany
8. Full Name of Father	Franzis Reinhart
9. Father's Occupation	Laborer
10. Father's Birthplace	Baden Germany
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Pfaw Midwife
Address	
Remarks	N. 79 Somerset Street.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth July 9th 1875.

4. Place of Birth (Street and Number) Choptank St. Nr. Eastern Av F.P.

5. Full Name of Mother Eliz Buschman Kisbert

6. Mother's Maiden Name Eliz Buschman.

7. Mother's Birthplace Germany

8. Full Name of Father Mr Kisbert

9. Father's Occupation Baker

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E. Simms.

Address No 178 S Chapel St. F.P.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth July 9 the
4. Place of Birth (Street and Number) 18 Gramby Str.
5. Full Name of Mother Sophie White
6. Mother's Maiden Name " Birx
7. Mother's Birthplace Germany
8. Full Name of Father Chas White
9. Father's Occupation Engeneur
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Cäcilie Bernstein

Address 113. E. Lombard str.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 17 1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth July 9th 1875
4. Place of Birth (Street and Number) 36 Knox Alley Annie Schneider
5. Full Name of Mother A. Seeberger
6. Mother's Maiden Name
7. Mother's Birthplace Bavarian
8. Full Name of Father Conrad Schneider
9. Father's Occupation Tailor
10. Father's Birthplace Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Wenzel

Address 56 Pearl Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	July 9th 1875
4. Place of Birth (Street and Number)	196 Ausquith St.
5. Full Name of Mother	Anna L. Kehm.
6. Mother's Maiden Name	" " Kane.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Christian Kehm.
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	R. J. H. Tall, M. D.
Address	15 S. Shark.
Remarks	Living

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 9th 1875.

4. Place of Birth (Street and Number) 117 Baltimore st.

5. Full Name of Mother Katharine Celle

6. Mother's Maiden Name " " Altpeter

7. Mother's Birthplace Germany

8. Full Name of Father August Celle.

9. Father's Occupation Tailor.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Waller

Address 126 N. Caroline st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1273

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 16 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 4 Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 9. th
4. Place of Birth (Street and Number)	Cookery st - 106
5. Full Name of Mother	Jane. Oliver
6. Mother's Maiden Name	Jane Emory
7. Mother's Birthplace	Virginia
8. Full Name of Father	James. M. Oliver
9. Father's Occupation	Laborer
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	Margrate. Ertl
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

42711

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 6th 1875
4. Place of Birth (Street and Number)	8 No 59 Vine Street
5. Full Name of Mother	Sarah Steuart
6. Mother's Maiden Name	Sarah gibbs
7. Mother's Birthplace	Eastern Shore Maryland
8. Full Name of Father	Henry Steuart
9. Father's Occupation	La Borer
10. Father's Birthplace	prince Georges County
Name of Medical Attendant, or other Person who makes this Return.	Glesten Bradley
Address	86 orchard Street
Remarks	

4275

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 9th of July 1875
4. Place of Birth (Street and Number) No 47 Gough St
5. Full Name of Mother Regina New
6. Mother's Maiden Name " Kurlerer
7. Mother's Birthplace Germany
8. Full Name of Father Peter New
9. Father's Occupation Storekeeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) this is the first

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) black
3. Date of Birth 9 day of July
4. Place of Birth (Street and Number) 237 Bolton Street
5. Full Name of Mother Drucilla Office
6. Mother's Maiden Name
7. Mother's Birthplace baltimore
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Miller gass

Address Topcoaburgh No 1

Remarks no other

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4277

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	9th July 1875.
4. Place of Birth (Street and Number)	290 Ramsey
5. Full Name of Mother	Eliza Jane Keith
6. Mother's Maiden Name	Hilton
7. Mother's Birthplace	Baltimore Co, Md
8. Full Name of Father	Oliver H. Keith
9. Father's Occupation	Brakeman, B.&O.R.R.
10. Father's Birthplace	Baltimore Co, Md.
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	1234 Hollins St.
Remarks	Fine, well formed Child

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4278

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 9th
4. *Place of Birth (Street and Number)* 176 W Lombard St.
5. *Full Name of Mother* Clara
6. *Mother's Maiden Name* Muller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Becker
9. *Father's Occupation* Banker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. D Holbrook

Address 137 W. Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4279

HEALTH DEPARTMENT
JUL 14 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White.
3. Date of Birth July 9th 1875.
4. Place of Birth (Street and Number) 137 Burgundy Alley,
5. Full Name of Mother Ella I. Richards,
6. Mother's Maiden Name " " Seymour,
7. Mother's Birthplace Baltimore City,
8. Full Name of Father Edward Richards.
9. Father's Occupation Varnished,
10. Father's Birthplace Germany,

Name of Medical Attendant, or other Person who makes this Return. John I. R. Kroger Md.

Address

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9
4. Place of Birth (Street and Number)	173 Chester St
5. Full Name of Mother	Agnes Thornberry
6. Mother's Maiden Name	Annie Kirby
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Morris
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Gray
Address	173 Sot Chester St
Remarks	Healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4281

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 9th 1875

4. Place of Birth (Street and Number) 163 W. Lombard St.

5. Full Name of Mother Anna Scott.

6. Mother's Maiden Name Same

7. Mother's Birthplace Md.

8. Full Name of Father Jno M. Farlow

9. Father's Occupation Farmer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. D. F. Giesbr M.D.

Address 163 W. Lombard St Balto

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 9 July
4. Place of Birth (Street and Number) 317 Mulberry St
5. Full Name of Mother Maggie LaForte
6. Mother's Maiden Name Maggie Kummert
7. Mother's Birthplace Baltimore
8. Full Name of Father Arnold H LaFort
9. Father's Occupation Cigar Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter

Address

Remarks ~~[illegible]~~ No 604 Schroder St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4283

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth July 9th 1875

4. Place of Birth (Street and Number) 148 N Central Avenue

5. Full Name of Mother Harriet Foster

6. Mother's Maiden Name Harriet Foster

7. Mother's Birthplace Baltimore County Md

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. E. Geo. Walls M D

Address 181 E. Monument St

Remarks Child parents a very healthy appearance

...at any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 4284

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 9 1875
4. Place of Birth (Street and Number) No. 9 South Monroe St.
5. Full Name of Mother Annie ~~Margaret~~ Mazaren
6. Mother's Maiden Name "
7. Mother's Birthplace Newyork
8. Full Name of Father ——
9. Father's Occupation ——
10. Father's Birthplace ——

Name of Medical Attendant, or other Person who makes this Return. Chas. Wilson

Address 76 Park Avenue

Remarks

Illegitimate

RETURN OF A BIRTH.

11285

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th
4. Place of Birth (Street and Number)	137 Lexington St
5. Full Name of Mother	Mary A. Buschman
6. Mother's Maiden Name	Mary A. Crämer
7. Mother's Birthplace	Harford Co. Md.
8. Full Name of Father	Herman Buschman
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Lemmond
Address	148 Mulberry St.
Remarks	(Child healthy)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1286

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th 1875.
4. Place of Birth (Street and Number)	337 Mulberry St
5. Full Name of Mother	Annie Burke
6. Mother's Maiden Name	Ann Connelly
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Burke
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm. Dunler M.D.
Address	60. N. Schroeder St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4287

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th 1875
4. Place of Birth (Street and Number)	No 441 S. Charles st.
5. Full Name of Mother	Anna Lindung
6. Mother's Maiden Name	Methens
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad Lindung
9. Father's Occupation	Brewer.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohzoasser midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

11288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* ——
3. *Date of Birth* 9th July 1875
4. *Place of Birth (Street and Number)* 16 Miller Alley
5. *Full Name of Mother* Mary Holeset
6. *Mother's Maiden Name* Connor
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Holeset
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4289

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th July 1875
4. Place of Birth (Street and Number)	96 Holland Str.
5. Full Name of Mother	Mary Elis
6. Mother's Maiden Name	" Collet
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Elis
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 9th 1875
4. Place of Birth (Street and Number) 303 E. Lombard
5. Full Name of Mother Mary Elizabeth Lowry
6. Mother's Maiden Name Mary Elizabeth Tarlton
7. Mother's Birthplace Point Lookout St. Mary's Co. Md.
8. Full Name of Father John Henry Lowry
9. Father's Occupation Sail-maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address 69 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4291

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Dark brown skin
3. Date of Birth July 9. 1875
4. Place of Birth (Street and Number) Herrens court No. 8
5. Full Name of Mother Miley Brown
6. Mother's Maiden Name Miley Watherly
7. Mother's Birthplace Md
8. Full Name of Father Terry Brown
9. Father's Occupation Stevadore
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Mid wife Chaplin

Address

Remarks No 69 S. Bethel St Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colard
3. Date of Birth July 10
4. Place of Birth (Street and Number) McElroy st
5. Full Name of Mother die Pullett
6. Mother's Maiden Name die Parkington
7. Mother's Birthplace richmond va
8. Full Name of Father Samuel Pullett
9. Father's Occupation Barber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs leah johnson

Address no 32 rhost rt

Remarks healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 10
4. *Place of Birth (Street and Number)* No 100 Thames St
5. *Full Name of Mother* Lena Glas
6. *Mother's Maiden Name* Lena Schmidt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Glas
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4294

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the Third Child
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	The Color of Child is Brown skin
3. Date of Birth	Born on 10 of July
4. Place of Birth (Street and Number)	Born in Durham st No 43
5. Full Name of Mother	Mary E Simpson
6. Mother's Maiden Name	Maiden name Mary E Murry
7. Mother's Birthplace	Mother Birth Place Dorchester Co Md
8. Full Name of Father	John W Simpson
9. Father's Occupation	Porter with gumblason
10. Father's Birthplace	Caroline County Md
Name of Medical Attendant, or other Person who makes this Return.	Mid wife Harriet Britton
Address	No 70 north Amer st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4295

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) ~~white~~ Female

2. Race or Color (if not of the white race) white

3. Date of Birth 10 of July

4. Place of Birth (Street and Number) corner of Central Avenue & No. 960

5. Full Name of Mother Anny

6. Mother's Maiden Name Brooks

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Harry Dutton

9. Father's Occupation Carty Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dorothea Ifor Attendant

Address No. 79 Somerset St.

Remarks

4296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1975 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jul 16. 75
4. *Place of Birth (Street and Number)*	240 Dallas St
5. *Full Name of Mother*	Cricilli Muschaffer
6. *Mother's Maiden Name*	Sane
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Lorenz Muschaffer
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buzhrman
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4297

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Jul. 10. 75
4. Place of Birth (Street and Number) 16 Plassent Ave
5. Full Name of Mother Elizabeth Hesse
6. Mother's Maiden Name Hermann
7. Mother's Birthplace Germanic
8. Full Name of Father Chas Hesse
9. Father's Occupation Leboror
10. Father's Birthplace Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth July 10th 1875

4. Place of Birth (Street and Number) 224 Pearce St

5. Full Name of Mother Annie Rosa Darenburger

6. Mother's Maiden Name " " Hearst

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Henry Darenburger

9. Father's Occupation Drover

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. R. McGinnis

Address 582 W Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth July 10 the 75
4. Place of Birth (Street and Number) No 156 Meebley St Ensenden
5. Full Name of Mother Mary Bankes
6. Mother's Maiden Name Mary Finket
7. Mother's Birthplace Dorchester County Md
8. Full Name of Father William H Bankes
9. Father's Occupation Laborer
10. Father's Birthplace Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Waalford midwife

Address 130 Egister St Baltimore City Md

Remarks it is a fine Child much [illegible] for.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Firs Child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) White

3. Date of Birth 10 July

4. Place of Birth (Street and Number) 76 Gay St Cartago

5. Full Name of Mother Louisa Stine

6. Mother's Maiden Name Louisa Heldin

7. Mother's Birthplace Baltimore

8. Full Name of Father Theodore Stine

9. Father's Occupation Store keeper

10. Father's Birthplace German

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Fray

Address 193 South Chester

Remarks healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4301

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 10th 1875
4. Place of Birth (Street and Number) 112 Dallas St
5. Full Name of Mother Dorothy Ann ~~[illegible]~~ Johnson
6. Mother's Maiden Name Dorothy Ann Mandlis
7. Mother's Birthplace Baltimore Md
8. Full Name of Father J. Johnson
9. Father's Occupation Sugar house
10. Father's Birthplace South Carolina

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford Midwife

Address 130 Register St Baltimore Md

Remarks it is very fine

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4302

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wilke.
3. Date of Birth	10 of July
4. Place of Birth (Street and Number)	No. 26 johnson St
5. Full Name of Mother	Salona Brust.
6. Mother's Maiden Name	Salonia Buelfeld
7. Mother's Birthplace	Buffo New yorke.
8. Full Name of Father	Jacob Brust,
9. Father's Occupation	Laber.
10. Father's Birthplace	Friedrich City
Name of Medical Attendant, or other Person who makes this Return.	Mars Martin
Address	West St. No 128.
Remarks	

4303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th 1878
4. Place of Birth (Street and Number)	160 Chesapeake St.
5. Full Name of Mother	Mary French
6. Mother's Maiden Name	Mary Dragon
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mike French
9. Father's Occupation	Fireman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	E Jones Williams
Address	No 33 Elliot St Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3404
4304

HEALTH DEPARTMENT
JUL 14 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth the 10 of July 1875

4. Place of Birth (Street and Number) No 90 Hallis Ave

5. Full Name of Mother Betsey Read

6. Mother's Maiden Name Betsey Lewis

7. Mother's Birthplace Baltimore Ma Ld

8. Full Name of Father John Read

9. Father's Occupation Tailor

10. Father's Birthplace Baltimore Md Ld

Name of Medical Attendant, or other Person who makes this Return. Wossit Williams

Address No 70 Chanvre Street

Remarks Mother Child Danny Wills

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11305

HEALTH DEPARTMENT
JUL 13 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 13th 1875
4. Place of Birth (Street and Number)	163 W. Lombard Street
5. Full Name of Mother	Martha Martin
6. Mother's Maiden Name	Martha Sanders
7. Mother's Birthplace	Pa
8. Full Name of Father	Alexander Martin
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. H. Kesler M.D.
Address	Res. Physician
Remarks	Md. Lying-in Hospital

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

4306

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	July 6 1875
4. *Place of Birth (Street and Number)*	20 sharp street
5. *Full Name of Mother*	Lagruder Levy
6. *Mother's Maiden Name*	Lagruder green
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Charles green
9. *Father's Occupation*	sailor
10. *Father's Birthplace*	virginia
Name of Medical Attendant, or other Person who makes this Return.	Maria Potter Midwife
Address	191 Hughes Street
Remarks	

RETURN OF A BIRTH.

~~3407~~ 4307

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Anglo-Saxon
3. Date of Birth July ~~7th~~ 10th 1875
4. Place of ~~Birth~~ (Street and Number) 99 Franklin St - Balto. Md
5. Full Name of Mother Mary E. Edwards
6. Mother's Maiden Name Mary E. Harryman
7. Mother's Birthplace Baltimore Md
8. Full Name of Father T. D. Edwards -
9. Father's Occupation
10. Father's Birthplace Westmoreland Co Va

Name of Medical Attendant, or other Person who makes this Return. Alf H Powell MD

Address 87 Franklin St - Balt.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4308

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 10th
4. *Place of Birth (Street and Number)* S. Castle No. 60½
5. *Full Name of Mother* Clarra Boerlein
6. *Mother's Maiden Name* Clarra Wantz
7. *Mother's Birthplace* Warden Germany
8. *Full Name of Father* John Boerlein
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Warden Germany

Name of Medical Attendant, or other Person who makes this Return. Maria Lederer

Address 23 S. Durham St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. July 12 1875

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 10th 1875
4. *Place of Birth (Street and Number)* No 144 Dallas St
5. *Full Name of Mother* Luisa Rozkowski
6. *Mother's Maiden Name* Luisa Kess
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Mickael Rozkowski
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 131 S. Wolfe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4310

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 181 Lombert Street
4. *Place of Birth (Street and Number)* 10 Gruby
5. *Full Name of Mother* Mary Lotz
6. *Mother's Maiden Name* Bransfield
7. *Mother's Birthplace* Pittsburg Allgany Conty
8. *Full Name of Father* Wilhelm Lotz
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4361

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.) .....

1. Sex (state whether ~~Male~~ or Female) .....

2. Race or Color (if not of the white race) .....

3. Date of Birth July 10th 1875

4. Place of Birth (Street and Number) 295 McHenry St Baltimore Md

5. Full Name of Mother Mary Elizabeth Manly

6. Mother's Maiden Name " " Hurdle

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Stephen B. Manly

9. Father's Occupation Black Smith

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W. R. McElwee

Address 582 W. Fayette St.

Remarks .....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4312

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th Mo. 10th 1875
4. Place of Birth (Street and Number)	15 Broadway
5. Full Name of Mother	Sarah Foster
6. Mother's Maiden Name	Sarah Tudor.
7. Mother's Birthplace	N. Jersey
8. Full Name of Father	Ruben Foster.
9. Father's Occupation	Clerk.
10. Father's Birthplace	N. Jessey
Name of Medical Attendant, or other Person who makes this Return.	Wm Riley
Address	
Remarks	47 Lexington St

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4313

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 5

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 10 Juli
4. Place of Birth (Street and Number) 156 Jusen Strit
5. Full Name of Mother Anna ~~Stitzenbach~~ Lutwich
6. Mother's Maiden Name Anna Stitzenbach
7. Mother's Birthplace Baltimore
8. Full Name of Father Schaw Lutwich
9. Father's Occupation Kaufm Kaufmann
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

43121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 11th July
4. *Place of Birth (Street and Number)* Balt Orchard st No 136
5. *Full Name of Mother* Sarah Blackston
6. *Mother's Maiden Name* S Johnson
7. *Mother's Birthplace* Howard Co Md
8. *Full Name of Father* Joseph Blackston
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard st

Remarks

11315

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 3 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colrd
3. *Date of Birth* July 11
4. *Place of Birth (Street and Number)* no 5 Bethel st
5. *Full Name of Mother* Margret p Edam
6. *Mother's Maiden Name* Thompson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Edam
9. *Father's Occupation* waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas Leech Jamison

Address no 32 Hart st

Remarks child with fits

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4.316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth July 11

4. Place of Birth (Street and Number) 309 S. Bond St

5. Full Name of Mother Rebecca Samuel

6. Mother's Maiden Name Rebecca Greenwald

7. Mother's Birthplace Baltimore

8. Full Name of Father Jakob Samuel

9. Father's Occupation Butcher

10. Father's Birthplace Bavern

Name of Medical Attendant, or other Person who makes this Return. Regina Heidloge

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4317

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 11 75.

4. Place of Birth (Street and Number) 177 Jackson Sqr Ave

5. Full Name of Mother Jattie Barnes

6. Mother's Maiden Name Jattie Morrell

7. Mother's Birthplace Balt. City

8. Full Name of Father Edward Barnes

9. Father's Occupation Painter

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmouth [illegible]

Address

Remarks S. W. Cor Calvert & Reed [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) ~~White~~
3. Date of Birth 11th of yuly
4. Place of Birth (Street and Number) 106 Wanner street
5. Full Name of Mother Mary Ebert
6. Mother's Maiden Name Mary Alt.
7. Mother's Birthplace Bernsburg.
8. Full Name of Father ~~Conf~~ Constant Ebert
9. Father's Occupation painter
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Arany

Remarks No. 32 Lithenhall Street.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 17 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 11
4. *Place of Birth (Street and Number)* S. Bond St No 260
5. *Full Name of Mother* Bertha Schmidt
6. *Mother's Maiden Name* Bertha Fillack
7. *Mother's Birthplace* ~~George Schmidt~~ Schweit
8. *Full Name of Father* George Schmidt
9. *Father's Occupation* Labor
10. *Father's Birthplace* Berlin

Name of Medical Attendant, or other Person who makes this Return. Regina Hendlage

Address No 289 S Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

~~#~~ 4320

4321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 11th July 1875
4. Place of Birth (Street and Number) No 67 Raeburg St
5. Full Name of Mother Mary Ellen Grandison
6. Mother's Maiden Name Mary Ellen Carter
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father Charles Henry Grandison
9. Father's Occupation Drayman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4321 ½

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 11th 1875
4. Place of Birth (Street and Number)	11. Gilmor St
5. Full Name of Mother	Mollie
6. Mother's Maiden Name	Sothoron
7. Mother's Birthplace	Annaarundal Co. Md
8. Full Name of Father	Wm H. Welsh jr
9 Father's Occupation	Tobacconist
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	J.H. Christian M.D.
Address	441. Penna. ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 11th
4. *Place of Birth (Street and Number)* 213 N. Caroline
5. *Full Name of Mother* Virginia Frances Bennett
6. *Mother's Maiden Name* Owens
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Sam. Henry Bennett
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* New York City

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. W. Grayson.

Address 18 Disquit St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1328

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* July 11. 75
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother* Waldburga Van Vas
6. *Mother's Maiden Name* Staul
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Albert Van Vas
9. *Father's Occupation* Reger
10. *Father's Birthplace* Holland

Name of Medical Attendant, or other Person who makes this Return. Wm E Birchmann

Address 120 Bank St

Remarks

14324

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 11th July 1875
4. *Place of Birth (Street and Number)* 176 Pratt
5. *Full Name of Mother* Louisa Fright
6. *Mother's Maiden Name* " Wolfe
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Fright
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard Sts.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether ~~Male~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 11th 1875
4. *Place of Birth (Street and Number)* S. Central Ave. No. 8.
5. *Full Name of Mother* Margaretha Bär
6. *Mother's Maiden Name* Margaretha Trenner
7. *Mother's Birthplace* Neustadt. V. Baiern Germany
8. *Full Name of Father* Peter Bär
9. *Father's Occupation* none
10. *Father's Birthplace* Traschendorf. V. Bayern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 11th 1875
4. Place of Birth (Street and Number)	Baltimore Lemon st No 5
5. Full Name of Mother	Annie Cleary
6. Mother's Maiden Name	Mackintire
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mitchel Cleary
9. Father's Occupation	Painter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 58 Parker st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

RETURN OF A BIRTH.

1327

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Children 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 11th 1875
4. *Place of Birth (Street and Number)* No 64 Eastern Avenue
5. *Full Name of Mother* Celia Cummings
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Ryan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr Arnold & Wife [illegible]

Address John Ryan

Remarks 64 Eastern Avenue monument

Ursula J Chrismer 129 E [illegible] St

Baltimore

4328

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 11 of July
4. Place of Birth (Street and Number) 358 East Pratt St.
5. Full Name of Mother Emily C Roberts
6. Mother's Maiden Name Emily C Mathaney
7. Mother's Birthplace Baltimore City
8. Full Name of Father Hugh Roberts
9. Father's Occupation Pilot
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Conner

Address 153 Choptank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4329

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colard
3. Date of Birth July 11th 75
4. Place of Birth (Street and Number) No 11 Mulican St.
5. Full Name of Mother Rachil ann Bankes
6. Mother's Maiden Name Rachil Johnson
7. Mother's Birthplace Dorchester County Md
8. Full Name of Father Charles H Banks
9. Father's Occupation Hod Carer
10. Father's Birthplace Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. Lusendy Whitford Midwife

Address 130 Register St Baltimore City Md

Remarks in A good Condishsion much Cured for

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4330

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 11th 1875
4. Place of Birth (Street and Number) 68 N. Caroline St.
5. Full Name of Mother Mary Hellen Longfellow
6. Mother's Maiden Name Mary Hellen Betts
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thomas Henry Longfellow
9. Father's Occupation Book-keeper
10. Father's Birthplace Kent Co. Md.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins M.D.

Address 69 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 11th ~~263 N. Wolf St~~
4. *Place of Birth (Street and Number)* 263 N. Wolf St
5. *Full Name of Mother* Margaretha Kappes
6. *Mother's Maiden Name* Hacks
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Kappes
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Cristina Lauer

Address 173 Harford Av

Remarks Child Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1332

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th of July 1875
4. Place of Birth (Street and Number)	No 42 Harrison St
5. Full Name of Mother	Mollie Lefman
6. Mother's Maiden Name	" Mick
7. Mother's Birthplace	Germany
8. Full Name of Father	Mike Lefman
9. Father's Occupation	Storekeeper
10. Father's Birthplace	In Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lefman
Address	No 55 N Bond St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11333

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex (state whether Male or Female)* a Male.
2. *Race or Color (if not of the white race)* The White race.
3. *Date of Birth* 11th of July.
4. *Place of Birth (Street and Number)* No 1 Waitcoat Strat.
5. *Full Name of Mother* Annis Strausburg.
6. *Mother's Maiden Name* Annis Stell.
7. *Mother's Birthplace* born in Louisiana.
8. *Full Name of Father* Abrains Strausburg.
9. *Father's Occupation* a plasterer
10. *Father's Birthplace* born in Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Theresa Engeldinger

Address No 14 Union Street.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

43311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 11th 1875
4. Place of Birth (Street and Number) Chappel St 125
5. Full Name of Mother Anmariah Johnson
6. Mother's Maiden Name Do
7. Mother's Birthplace Dorchester County Md
8. Full Name of Father unnone
9. Father's Occupation Do
10. Father's Birthplace Do

Name of Medical Attendant, or other Person who makes this Return. Lucendy Wallford Midwife

Address 130 N Register St

Remarks it is at find Child

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4335

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 12 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 11th 1875
4. Place of Birth (Street and Number) Hale Mr Pratt St
5. Full Name of Mother Jane E. Tuttle
6. Mother's Maiden Name " Forsyth
7. Mother's Birthplace Scotland
8. Full Name of Father Isaac O.B. Tuttle
9. Father's Occupation Supt B & O.R. Rd Statn
10. Father's Birthplace Balto Co. Md.

Name of Medical Attendant, or other Person who makes this Return. John Neff M.D.

Address 558 W. Fayette St

Remarks Born at 16 P.M. Oclock died at 2 A.M. 12th Inst

Premature —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4336

HEALTH DEPARTMENT BALTIMORE JUL 12 1875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* July 11 1875
4. *Place of Birth* (Street and Number) Eden 4 doors south of Gay St
5. *Full Name of Mother* Virginia R. Silliman
6. *Mother's Maiden Name* Virginia R. Stuart
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Wm. Silliman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. T. A. Warren, M.D.

Address 256 N Eden St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4337

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 11 - 1 o clock A M 1875
4. Place of Birth (Street and Number) No - 4 N - Stricker St Balto Md
5. Full Name of Mother Susan Flute
6. Mother's Maiden Name
7. Mother's Birthplace Balto City Md
8. Full Name of Father ~~Emmitsburg~~ James Flute
9. Father's Occupation Carpenter
10. Father's Birthplace Emmitsburg

Name of Medical Attendant, or other Person who makes this Return. H J Houck

Address 578 Pen Ave. Balto Md

Remarks

11338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Thirteenth (13th)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 12th. 1875

4. Place of Birth (Street and Number) N. E. Cor Fayette & Broadway

5. Full Name of Mother Mrs. Mary Jane Scoggins

6. Mother's Maiden Name Miss Mary J. McKey

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Mr. Samuel P. Scoggins

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen M. D.

Address No. 93 N. Broadway

Remarks

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4339

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 12 1875 –
4. Place of Birth (Street and Number) 175 Pennsylvania Avenue
5. Full Name of Mother Mary Frances Wicks
6. Mother's Maiden Name Mary F. Gettier
7. Mother's Birthplace Carroll County
8. Full Name of Father William Wick
9. Father's Occupation Cigar Store
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown

Address 201 W. Biddle Street.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1915
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th of July
4. *Place of Birth (Street and Number)* No 3 Sutting St
5. *Full Name of Mother* Mary Ann McGowas
6. *Mother's Maiden Name* Mary Ann Lidell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William H. McGowas
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Grosby

Address 367 Cathedral St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4.3111

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Fourth of July
4. *Place of Birth (Street and Number)* 253, Hanover, East Baltimore
5. *Full Name of Mother* Isabel Peter
6. *Mother's Maiden Name* Isabella Ferguson
7. *Mother's Birthplace* Cumberland, Md.
8. *Full Name of Father* William A. Peter
9. *Father's Occupation* Ship Builder
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Caskey

Address 115 Hamburg St

Remarks

4.3112

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 22 of July ~~Central Avenue~~
4. *Place of Birth (Street and Number)* Central Avenue
5. *Full Name of Mother* Anna Maria ~~Fabiel~~
6. *Mother's Maiden Name* Fabiel
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* John Engelhart
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Muller

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~4334~~
4343

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 12th 1875.
4. *Place of Birth (Street and Number)* Cor. Hill & Shank
5. *Full Name of Mother* Maria Shank
6. *Mother's Maiden Name* " Goepfer.
7. *Mother's Birthplace* Kur Hessen Germany
8. *Full Name of Father* Otto Shank
9. *Father's Occupation* Carver.
10. *Father's Birthplace* Kur Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St. Balto Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11311 4

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12th July 1875
4. Place of Birth (Street and Number) No. 24 Jackson Sqr. Av.
5. Full Name of Mother Elmira Gambrill Stewart
6. Mother's Maiden Name " " Thompson
7. Mother's Birthplace City
8. Full Name of Father Robert St. John Stewart
9. Father's Occupation Clerk
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. E. P. Sons M.D.

Address No. 416 E. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

13343

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* July 12th 1875.
4. *Place of Birth* (Street and Number) 19. Elizabeth Lan.
5. *Full Name of Mother* M. Logan.
6. *Mother's Maiden Name* M. Mitchel.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* T. Logan.
9. *Father's Occupation* Taylor.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Katherine Horner

Address 29. Elizabeth Lan.

Remarks

RETURN OF A BIRTH.

11346

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Born July 12. Colored child. male.
1875.

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)* No 332. Raburg st.
5. *Full Name of Mother* Sophai Butler
6. *Mother's Maiden Name* Sophia Thomas.
7. *Mother's Birthplace* Annarandal County.
8. *Full Name of Father* Henry Butler
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Annarandal county

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warn

Address No 208 Raburg st

Remarks

RETURN OF A BIRTH.

1131

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* July 12th 1875

4. *Place of Birth (Street and Number)* No. 35 Roberg St.

5. *Full Name of Mother* Julia Warfield.

6. *Mother's Maiden Name* Julia Saylor

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* James Warfield

9. *Father's Occupation* Drayman

10. *Father's Birthplace* Howard co Md.

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen

Address 23 N. Liberty St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4348

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Jul. 12. 75
4. Place of Birth (Street and Number) 502 Fadda St
5. Full Name of Mother Kate ~~Hassher~~ Burns
6. Mother's Maiden Name Hasschert
7. Mother's Birthplace Baltimore City
8. Full Name of Father Pat Burns
9. Father's Occupation Cooper
10. Father's Birthplace Irland

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

43149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	—
3. Date of Birth	12 July 1875
4. Place of Birth (Street and Number)	54 Cranby St.
5. Full Name of Mother	Susie Wilson
6. Mother's Maiden Name	" Nailer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Wilson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7ses Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth July 12th 1875
4. Place of Birth (Street and Number) S. Central Av. No 6.
5. Full Name of Mother Mary Wiegand
6. Mother's Maiden Name Mary Brandt
7. Mother's Birthplace Baltimore City
8. Full Name of Father Conrad Wiegand
9. Father's Occupation none
10. Father's Birthplace Prasdorf Kr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4351

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 12/75
4. Place of Birth (Street and Number)	252 S. Eutaw st.
5. Full Name of Mother	Mary Elizabeth Gofsman
6. Mother's Maiden Name	" " Eckel
7. Mother's Birthplace	Kurhessen Germany
8. Full Name of Father	Jno. B. Gofsman
9. Father's Occupation	Cooper
10. Father's Birthplace	Brameirlach Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Lederer
Address	23 S. Durham st
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4352

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th 1875
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19th 1875
4. Place of Birth (Street and Number)	Pompleton st No 194
5. Full Name of Mother	Sarah Current
6. Mother's Maiden Name	Adams.
7. Mother's Birthplace	Virginia
8. Full Name of Father	Charlie Current
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs L. Mitchell
Address	No 518 Fortein st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleven

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Whites
3. Date of Birth Twelveth
4. Place of Birth (Street and Number) Duncan Alley 112
5. Full Name of Mother Josephine Philips
6. Mother's Maiden Name Josephine Hughes
7. Mother's Birthplace Baltimore City
8. Full Name of Father Peter Philips
9. Father's Occupation Bricklayer
10. Father's Birthplace Sommersett County Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park avnu

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11.354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 12th 1875.
4. *Place of Birth* (Street and Number) 27 S. Castle St.
5. *Full Name of Mother* Dorothea Smith.
6. *Mother's Maiden Name* " " Foepfner.
7. *Mother's Birthplace* Langenzenn Bavaria.
8. *Full Name of Father* John Smith.
9. *Father's Occupation* Cartner.
10. *Father's Birthplace* Derbeldorf Bavaria.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Wolfram.

Address 175 South Eden St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4353

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 12th 75.
4. Place of Birth (Street and Number)	Shakespeare st No 23
5. Full Name of Mother	Eliza Kittlein
6. Mother's Maiden Name	Eliza Seifert
7. Mother's Birthplace	Salzungen
8. Full Name of Father	John Kittlein
9. Father's Occupation	Tailor
10. Father's Birthplace	Oldenburg Prussia
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schulte
Address	No 320 Alice Anna st
Remarks	Midwife

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4356

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 12 July

4. Place of Birth (Street and Number)

5. Full Name of Mother No 85 N durham St

6. Mother's Maiden Name Sarh Stanley

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Richard Martin

9. Father's Occupation Tabera

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Sarh Lyles 247

Address Ellean St

Remarks Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4357

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 July
4. *Place of Birth (Street and Number)* Highland Town
5. *Full Name of Mother* Kate Schaffer
6. *Mother's Maiden Name* Selig
7. *Mother's Birthplace* Country
8. *Full Name of Father* Joseph Henry Schaffer
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemon

Address 70 Granby Street

Remarks

RETURN OF A BIRTH.

11358

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. July 13th

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 12th 1875.
4. Place of Birth (Street and Number) No 32 Bank St.
5. Full Name of Mother Sophia Bait
6. Mother's Maiden Name Sophia Leder
7. Mother's Birthplace Germania
8. Full Name of Father Henry Bait
9. Father's Occupation Carpenter
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return, Mrs M. Amende

Address No 131 S Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

4359

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The second

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* July 12th

4. *Place of Birth (Street and Number)* No 416 N. Gay st

5. *Full Name of Mother* Maria Thienemann

6. *Mother's Maiden Name* Rudolph

7. *Mother's Birthplace* Balto. City

8. *Full Name of Father* Charles Thienemann

9. *Father's Occupation* Druggist

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Kluber M.D.

Address No 222 N. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6 children

1. Sex (state whether Male or Female) last boy
2. Race or Color (if not of the white race) White
3. Date of Birth 12th of July 1875
4. Place of Birth (Street and Number) 304 South Wolfe st.
5. Full Name of Mother Susan Scharzkopf
6. Mother's Maiden Name Susan Tutz
7. Mother's Birthplace Germany
8. Full Name of Father Mick Stutz
9. Father's Occupation Plumper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crasentia Kunkel

Address 11 North chappel st pr Jno Kunkel

Remarks Healty

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4361

HEALTH DEPARTMENT
JUL 15 1875
BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Wheit
3. Date of Birth 12 July 1875
4. Place of Birth (Street and Number) Baltimore N. Durham st 281
5. Full Name of Mother Barbara Wesely
6. Mother's Maiden Name Barbara Beran
7. Mother's Birthplace Oseka in Bohemia
8. Full Name of Father Josef Wesely
9. Father's Occupation shoemaker
10. Father's Birthplace Kolin in Boh

Name of Medical Attendant, or other Person who makes this Return. Mary Kopts

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) 3 Mail 5 Femail
2. Race or Color (if not of the white race) White
3. Date of Birth 13 July
4. Place of Birth (Street and Number) Bemsey st No 306 Baltimore
5. Full Name of Mother Susan E underwood
6. Mother's Maiden Name Susan E Perrine
7. Mother's Birthplace towsen town MD
8. Full Name of Father Alfred James underwood
9. Father's Occupation Conductor on the railroad
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S Feberger

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4363

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 13th 1875
4. *Place of Birth (Street and Number)* No 253 Wales st
5. *Full Name of Mother* Katharina Brittner
6. *Mother's Maiden Name* Katharina Schmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Carl Brittner
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. ~~Rena Kellegeist~~ Rena Kellegeist

Address No 252 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4364

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored.
3. *Date of Birth*	July 18th 1875.
4. *Place of Birth (Street and Number)*	66 Plum Alley
5. *Full Name of Mother*	Laura A. Savoy
6. *Mother's Maiden Name*	Savoy
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Henry R. Mitchell.
9. *Father's Occupation*	Sewing Machine Agent.
10. *Father's Birthplace*	New York.
Name of Medical Attendant, or other Person who makes this Return.	Inman E. Armstrong
Address	No 2774 Eutaw St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

ist any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, six days thereafter, stating distinctly the date of birth, sex, and color of the child or children ts or their physical condition, whether still born or not, the full name, nativity, and residence parents, and the maiden name of the mother of such child or children.

4365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 13th 1875
4. Place of Birth (Street and Number) 45 Myrtle Ave
5. Full Name of Mother Charlotte Sophia Pfeiffer
6. Mother's Maiden Name Charlotte Sophia Snyder
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mathew Pfeiffer
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Annie Mesengehl (Midwife)

Address 214 Preston St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4366

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 13 1875

4. Place of Birth (Street and Number) No 277 Mulberry St

5. Full Name of Mother Margaret Jane Burke

6. Mother's Maiden Name " " Macauhennes

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Oliver Burke

9. Father's Occupation Collector

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth No 46 Wane Street
4. Place of Birth (Street and Number) July 13 1875
5. Full Name of Mother Mary Lumerville
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore City, Maryland
8. Full Name of Father William James Lumerville
9. Father's Occupation Labor
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 7 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. *Sex* (state whether Male or Female)	Girl
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	July 13 1875
4. *Place of Birth* (Street and Number)	Baltimore Hamburg St No 216
5. *Full Name of Mother*	Rutha Morsell
6. *Mother's Maiden Name*	Rutha Pack
7. *Mother's Birthplace*	Arundel County
8. *Full Name of Father*	Peter Morsell
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Milley Gross
Address	Patapsco avenue No 1
Remarks	no other - attention

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) White
2. Race or Color (if not of the white race) Female.
3. Date of Birth July 13th 1875
4. Place of Birth (Street and Number) No. 348 S. Charles st.
5. Full Name of Mother Gesine Rabe.
6. Mother's Maiden Name Boedecker.
7. Mother's Birthplace Germany.
8. Full Name of Father Henry Rabe.
9. Father's Occupation Sailor
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 213 Cross st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

4370

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 13th 1875
4. *Place of Birth (Street and Number)* No 348 Belair Ave
5. *Full Name of Mother* Maria Schroeder
6. *Mother's Maiden Name* Maia Schmatzer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* ~~Abe~~ Christian Schroeder
9. *Father's Occupation* Beer Brewery
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hellegiest

Address No 182 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jul. 13. 75
4. *Place of Birth (Street and Number)* 120 Canton ave
5. *Full Name of Mother* Milli Schanfahl
6. *Mother's Maiden Name* Goldsmit
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Hirsch Schanfahl
9. *Father's Occupation* Soore Man
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burkmain

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4372

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) Tut
3. Date of Birth Jul. 13. 75
4. Place of Birth (Street and Number) 32 Field St
5. Full Name of Mother Anna Betz
6. Mother's Maiden Name Brick
7. Mother's Birthplace Germanie
8. Full Name of Father Henrie Betz
9. Father's Occupation Shae Mackr
10. Father's Birthplace Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

RETURN OF A BIRTH.

4373

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 17
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 13th/75
4. Place of Birth (Street and Number)	# 86 Luzerne St.
5. Full Name of Mother	Mary Hudson
6. Mother's Maiden Name	Mary Murphy
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Joseph Hudson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A. Garrett
Address	# 31 Luzerne St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4374

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth July 13
4. Place of Birth (Street and Number) No 5. Newmans Court between Lombard and Pa
5. Full Name of Mother Albertina, Magdalena Lehnert
6. Mother's Maiden Name Albertina. M. Knapp
7. Mother's Birthplace Towsontown Baltimore County
8. Full Name of Father Charles Lehnert
9. Father's Occupation Salsman
10. Father's Birthplace Bavaria. Germany.

Name of Medical Attendant, or other Person who makes this Return. Bartholomew Subah

Address West Lewis p. 439

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4375

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth 13th day of July
4. Place of Birth (Street and Number) N. Bethel Street No 84.
5. Full Name of Mother Bertha Langert
6. Mother's Maiden Name Same.
7. Mother's Birthplace Sonneberg Sachsen. Germany.
8. Full Name of Father Hermann Schumacher
9. Father's Occupation Baltimore.
10. Father's Birthplace Münster Westphalen.

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Callenius.

Address 132 S. Hight Street. Baltimore M.C.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jul 13. 74
4. *Place of Birth (Street and Number)* 382 Allezan St
5. *Full Name of Mother* Mary Konig
6. *Mother's Maiden Name* Fleischmann
7. *Mother's Birthplace* Baltimore Cti
8. *Full Name of Father* Georg Konig
9. *Father's Occupation* Seborer
10. *Father's Birthplace* Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4377

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) colored

3. Date of Birth 13th July 5 O.C. a.m

4. Place of Birth (Street and Number) No. 23 Shooter St.

5. Full Name of Mother Ellen Cornish

6. Mother's Maiden Name Ellen Jones

7. Mother's Birthplace Dorchester County

8. Full Name of Father George Cornish

9. Father's Occupation Died 19th Day April 75.

10. Father's Birthplace Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Henera Glasgow

Address McElderry St Extended

Remarks – The Baby Was born alive, but never Cried –

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4378

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* 14th July 1875
4. *Place of Birth* (Street and Number) 309 Sharp
5. *Full Name of Mother* Mary Perry
6. *Mother's Maiden Name* Mary Gaston
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* Robert Perry
9. *Father's Occupation* Sergt Govt. Guard
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H M Webster

Address 57 Barnet

Remarks

RETURN OF A BIRTH.

No. 4379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 14. 1875
4. Place of Birth (Street and Number)	Canton avenue no 470
5. Full Name of Mother	Kunigunda Mueller
6. Mother's Maiden Name	Ann Katharine Mueller
7. Mother's Birthplace	Kirk Laus Bavarian
8. Full Name of Father	Henry Mueller
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Neisenbrunn Bavarian
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Patterson Park Avenue
Remarks	

4380

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 14 of July
4. Place of Birth (Street and Number) Hartford Road
5. Full Name of Mother Margaretha
6. Mother's Maiden Name Zang
7. Mother's Birthplace Bavara
8. Full Name of Father Phillip Froelig
9. Father's Occupation Black Shmid
10. Father's Birthplace Baden Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Pfarr Midwife

Address N. 79 Somerset St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14. 1875.
4. Place of Birth (Street and Number)	315 N. Eden St.
5. Full Name of Mother	Bessie Crammer.
6. Mother's Maiden Name	Bessie Plackett.
7. Mother's Birthplace	Maryland
8. Full Name of Father	Edward Crammer.
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. N. Houck M.D.
Address	75 E. Baltimore St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

4382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) ~~Male~~ Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 14th 175
4. Place of Birth (Street and Number) 282 ~~[illegible]~~ Ave.
5. Full Name of Mother Margaret Spickenreuther
6. Mother's Maiden Name Margaret Krein
7. Mother's Birthplace Balt. Md.
8. Full Name of Father Michael Spickenreuther
9. Father's Occupation Shoemaker
10. Father's Birthplace Bavaria.

Name of Medical Attendant, or other Person who makes this Return. John F. Monmouth M.D.

Address S. W. Cor Calvert & Read.

Remarks

rect Record of Vital Statistics in the City of Baltim

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4383

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* July 14th 1875
4. *Place of Birth (Street and Number)* No. 102. Chapple St.
5. *Full Name of Mother* Emma Washington
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Washington
8. *Full Name of Father* John Wave
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Mary E. Barber

Address No 51 Jefferson St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~3741~~
4384

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 14 July.
4. Place of Birth (Street and Number) 83 Stricker.
5. Full Name of Mother kate haskamp.
6. Mother's Maiden Name kate ~~kri~~ kripilbick
7. Mother's Birthplace ~~[illegible]~~ wrip
8. Full Name of Father frank a haskamp
9. Father's Occupation Railroad.
10. Father's Birthplace wrip

Name of Medical Attendant, or other Person who makes this Return. Katharine Sunbeck

Address West Lewis St. 439

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4383

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 17 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 15th 1875.
4. Place of Birth (Street and Number)	86 north Paca Street
5. Full Name of Mother	Barbara Hasselbach
6. Mother's Maiden Name	B. Fuchs
7. Mother's Birthplace	Prussian
8. Full Name of Father	Christoph Hasselbach
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4386

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4. 7th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jul. 15. 75
4. *Place of Birth (Street and Number)*	339 Bond St
5. *Full Name of Mother*	Christine Emrich
6. *Mother's Maiden Name*	Gerhardt
7. *Mother's Birthplace*	Germanie
8. *Full Name of Father*	John Emrich
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Bardenmann
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11387

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 15th 1875
4. Place of Birth (Street and Number)	No. 5 Shimmell alley
5. Full Name of Mother	Emily Bloxton
6. Mother's Maiden Name	Emily Beauchamp.
7. Mother's Birthplace	Somerset co. Md
8. Full Name of Father	John Bloxton
9. Father's Occupation	Drayman.
10. Father's Birthplace	Accomac co. Va
Name of Medical Attendant, or other Person who makes this Return.	Jane Wigneberger
Address	23 N. Liberty St.
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4388

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth born the 15 of July
4. Place of Birth (Street and Number) North Gay St No 556.
5. Full Name of Mother Gertrud Gress
6. Mother's Maiden Name Gertrud Ernst
7. Mother's Birthplace born in Baltimore
8. Full Name of Father Andreu Gress
9. Father's Occupation Wirthschaft
10. Father's Birthplace born in Gorsherzogthum Baden

Name of Medical Attendant, or other Person who makes this Return. Walbruger Müller

Address Stirling St No 165.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4389

HEALTH DEPARTMENT JUL 15 1975 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15th 1875
4. Place of Birth (Street and Number)	103 W. Lombard Street
5. Full Name of Mother	Maggie Jones
6. Mother's Maiden Name	
7. Mother's Birthplace	Md
8. Full Name of Father	Chas Ward
9. Father's Occupation	Farmer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	D. A. Gilchrist
Address	103 W. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15 July 1876
4. Place of Birth (Street and Number) 263 Dallas st.
5. Full Name of Mother Virginia Balzer
6. Mother's Maiden Name " Balzer
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Balzer
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Walter

Address 135 N. Caroline st.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11391

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15th ch.

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) ~~15th July~~

3. *Date of Birth* 15th July

4. *Place of Birth* (Street and Number) Beason St. No 16

5. *Full Name of Mother* Sarah Elias

6. *Mother's Maiden Name* Sarah Tully

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* John Elias

9. *Father's Occupation* Puddler.

10. *Father's Birthplace* Cleveland Ohio.

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettle.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. July 15th 1875

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd/87

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 15th 1875
4. Place of Birth (Street and Number) No 382 Eastern avenue.
5. Full Name of Mother Annie April
6. Mother's Maiden Name Annie Bruggman
7. Mother's Birthplace America.
8. Full Name of Father David April
9. Father's Occupation Sailor.
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend

Address No 137 S. Wolfe.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. July 15th 1875

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 15th 1875.
4. Place of Birth (Street and Number) Gough St. between Duncan alley & Patterson park ave
5. Full Name of Mother Mary King.
6. Mother's Maiden Name Mary Steicherwald
7. Mother's Birthplace America.
8. Full Name of Father Charles King
9. Father's Occupation Boatbuilder
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Americ

Address No 137 S. Wolfe St.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13914

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th of July
4. *Place of Birth (Street and Number)* No 19 Lemon Alley
5. *Full Name of Mother* Mary Connell
6. *Mother's Maiden Name* Mary Murray
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Jame Connell
9. *Father's Occupation* Sealover
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Horrigan

Address No 112 Stott Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4396

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th July 75
4. Place of Birth (Street and Number)	Liberty St
5. Full Name of Mother	Catherine Connelly
6. Mother's Maiden Name	C. Redding
7. Mother's Birthplace	Ireland
8. Full Name of Father	Danl Connelly
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jno. G. Jay M.D.
Address	N.E. cor Park Ave & Mulberry Sts.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jul 16 75
4. *Place of Birth (Street and Number)* 239 Caton ave
5. *Full Name of Mother* Bridget Grady
6. *Mother's Maiden Name* Keys
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Tarnn Grady
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ire

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buchman

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4397

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born 16th July
4. *Place of Birth (Street and Number)* No 83 Cambridge St
5. *Full Name of Mother* Jennie Helm
6. *Mother's Maiden Name* Jennie Diamond
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Jos H Helm
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Jouisa Wiley

Address No 12 Paterson Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 16th July 1875
4. Place of Birth (Street and Number) Cor of Madison & Castle Streets
5. Full Name of Mother Mary Fisher
6. Mother's Maiden Name Mary Busher
7. Mother's Birthplace Wurdenburg
8. Full Name of Father John Fischer
9. Father's Occupation Butcher
10. Father's Birthplace Wurdenburg

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary A. Bull

Address No 209. Monument St. Cor of Centre Avenue

Remarks Tarable well

Rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT 1895 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first Child
Name: Bernard Schene	
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Witte
3. Date of Birth	16 of July
4. Place of Birth (Street and Number)	Battery Avenue No. 122.
5. Full Name of Mother	Thrissa ~~Martin~~ Schena.
6. Mother's Maiden Name	Thrissa Martin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Bernath, (Schanna,)
9. Father's Occupation	Grocery Store
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Max Martin
Address	West St. No. 127
Remarks	

4400

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July "16 1875
4. Place of Birth (Street and Number) union Street No 12
5. Full Name of Mother Jane Adams
6. Mother's Maiden Name Jane Johnson
7. Mother's Birthplace Bolt County No 4
8. Full Name of Father Isaac Adams
9. Father's Occupation Hostler
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. none.

Address James S. Harris

Remarks No 84 Jasper Street Balt No 4

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4401

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) ~~White~~
3. Date of Birth July 16th
4. Place of Birth (Street and Number) Leadenhall No 53
5. Full Name of Mother Mag Fell Reutz
6. Mother's Maiden Name Mag Fell
7. Mother's Birthplace Baltimore
8. Full Name of Father Lewis Reutz
9. Father's Occupation Basket Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs M. Arcny.

Remarks No. 32. Leadenhall Street.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

44102

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16th day of July 1875
4. Place of Birth (Street and Number) 97 Block St
5. Full Name of Mother Mary Hudson
6. Mother's Maiden Name Mary Simmons
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hudson
9. Father's Occupation Boat Builder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louisa Smith

Address the name of the child Ida Hudson

Remarks The Girl is Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

3

RETURN OF A BIRTH.

41103

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5t. Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 16th 1875
4. *Place of Birth (Street and Number)* S. Caroline St. No 173.
5. *Full Name of Mother* Margaretha Sommerlath
6. *Mother's Maiden Name* Margaretha Wolf
7. *Mother's Birthplace* Oberzell. Fr. Sachsen Germany
8. *Full Name of Father* Christoph Sommerlath.
9. *Father's Occupation* Bacher
10. *Father's Birthplace* Oberlesen. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No. 26

Remarks

44404

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) white
3. Date of Birth July 16. 75.
4. Place of Birth (Street and Number) 66 Harrison Str
5. Full Name of Mother Esther Gallecki
6. Mother's Maiden Name Ester Friedmann
7. Mother's Birthplace Russia, Poland.
8. Full Name of Father Sali Gallecki
9. Father's Occupation ~~[illegible]~~ Pedler.
10. Father's Birthplace Russia, Poland

Name of Medical Attendant, or other Person who makes this Return. Cäcilie Bernstey

Address 113. E. Lombard str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth July 16" 1875
4. Place of Birth (Street and Number) "28 Virgin St
5. Full Name of Mother Laura S. West
6. Mother's Maiden Name Laura S. Kellum
7. Mother's Birthplace Va
8. Full Name of Father George W. West
9. Father's Occupation Laborer
10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. H. H. Biedler

Address Baltimore Infirmary

Remarks Cor Lomb & Green sts City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11406

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White (American)
3. Date of Birth	July 16 - 75, 3 oct P.M.
4. Place of Birth (Street and Number)	31 Olivet
5. Full Name of Mother	Amelia Boelter
6. Mother's Maiden Name	Osler
7. Mother's Birthplace	Balls Ford
8. Full Name of Father	George Boelter
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Balls Ford
Name of Medical Attendant, or other Person who makes this Return.	Lewis M Eastman
Address	349 Lee St
Remarks	Natural Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 16th 1875
4. Place of Birth (Street and Number) No 515 S. Poppleton
5. Full Name of Mother Carrie Buggard
6. Mother's Maiden Name Carrie Hoover
7. Mother's Birthplace Dayton Ohio
8. Full Name of Father Oscar Buggard
9. Father's Occupation Mechanic
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Specht

Address 379 W. Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3 Girls

1. Sex (state whether Male or Female) last girl
2. Race or Color (if not of the white race) White
3. Date of Birth 16th of July 1875
4. Place of Birth (Street and Number) 77 North ~~chappel st~~ Annest
5. Full Name of Mother Julis Hart
6. Mother's Maiden Name Julis Sterzl
7. Mother's Birthplace Germany
8. Full Name of Father Alvin Sterzl
9. Father's Occupation Painter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Crasentia Kunkel

Address 77 North chappel st p. John Kunkel

Remarks Healty

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11409

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 16 1875
4. *Place of Birth (Street and Number)*	1313 hamburg street
5. *Full Name of Mother*	anna veltz
6. *Mother's Maiden Name*	anna peppers
7. *Mother's Birthplace*	dorchester county
8. *Full Name of Father*	simon peppers
9. *Father's Occupation*	Mariner
10. *Father's Birthplace*	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Maria Palla
Address	Midwife
Remarks	141 Hughes st

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11410

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 16th 1875
4. *Place of Birth (Street and Number)* No 568 Monument st
5. *Full Name of Mother* Sophia Angel
6. *Mother's Maiden Name* Sophia Witzberger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo. B. Angel
9. *Father's Occupation* Carter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 Monument st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 16th 1875
4. Place of Birth (Street and Number) No 244 Central Ave
5. Full Name of Mother Marie Schilling
6. Mother's Maiden Name Marie Hartung
7. Mother's Birthplace Baltimore
8. Full Name of Father Ferdineind Schilling
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11412

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	16th July 1875
4. Place of Birth (Street and Number)	138 Caroline
5. Full Name of Mother	Rosina Miller
6. Mother's Maiden Name	" Strauss
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Miller
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. July 17th 1875

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 16th 1875
4. *Place of Birth* (Street and Number) 1537 Eastern ave.
5. *Full Name of Mother* Federica Hofmeister.
6. *Mother's Maiden Name* Federica Brandywell
7. *Mother's Birthplace* ~~Germania~~ America
8. *Full Name of Father* William Hofmeister.
9. *Father's Occupation* Tinner.
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137. S. Wolfe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11411

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11. Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* 11. of July
4. *Place of Birth* (Street and Number) 8 Dalley St No 299
5. *Full Name of Mother* George Warner
6. *Mother's Maiden Name* George ener Burgan
7. *Mother's Birthplace* born in Baltimor Co
8. *Full Name of Father* Michael Warner
9. *Father's Occupation* Broom maker
10. *Father's Birthplace* farm Baltimor aky

Name of Medical Attendant, or other Person who makes this Return. Wolfsinger Müllers

Address Stirling St No 165

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11413

HEALTH DEPT. JUL 17 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 16th 1875

4. Place of Birth (Street and Number) 153 Chestnut St.

5. Full Name of Mother Hannah Elizabeth Elliott

6. Mother's Maiden Name Hannah Elizabeth Smith

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Thomas Elliott

9. Father's Occupation Car-Packer

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. L. Williams M.D.

Address 69 S. Broadway

Remarks

RETURN OF A BIRTH.

44416

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 13th 1875
4. Place of Birth (Street and Number) N 404 Park Avenue
5. Full Name of Mother Elizabeth Ann Baer
6. Mother's Maiden Name Elizabeth Ann Price
7. Mother's Birthplace Baltimore
8. Full Name of Father Arthur P. Baer
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard M.D

Address N 114 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4417

HEALTH DEPARTMENT BALTIMORE 1875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	17 July 1875
4. Place of Birth (Street and Number)	213 Hollins St.
5. Full Name of Mother	Catharine Elizabeth Kline
6. Mother's Maiden Name	Dash
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Kline
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Hood, M.D.
Address	234 Hollins St.
Remarks	Physical condition, good; except hare-lip & Cleft palate.

4418

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Irish
3. Date of Birth July 17th
4. Place of Birth (Street and Number) Mulligen St No 88
5. Full Name of Mother Mamie Smort
6. Mother's Maiden Name Mamie Kilmann
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James Smort
9. Father's Occupation Shoe maker
10. Father's Birthplace Philadelphia P.A.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose ~~[illegible]~~ Ulbig

Address 48 Holland St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11.419

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 17, 1875
4. Place of Birth (Street and Number)	356 Gilmore
5. Full Name of Mother	Rachel Lean
6. Mother's Maiden Name	Rachel Foster
7. Mother's Birthplace	Balt. City
8. Full Name of Father	Lewis Lean
9. Father's Occupation	Painter
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	Mahoney Brown M.D.
Address	201 N. Middle St.
Remarks	

...vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex* (*state whether Male or Female*) female
2. *Race or Color* (*if not of the white race*) Colord
3. *Date of Birth* July 17
4. *Place of Birth* (*Street and Number*) East st 32
5. *Full Name of Mother* Josephine Jackson
6. *Mother's Maiden Name* unmarried
7. *Mother's Birthplace* Anaplas Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Lewis Johnson

Address no 32 East st

Remarks healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11291

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th June
4. Place of Birth (Street and Number)	60 Bolton Street
5. Full Name of Mother	Ellen Lannon
6. Mother's Maiden Name	" Hart
7. Mother's Birthplace	Ireland
8. Full Name of Father	William Lannon
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Margaret Ertel
Address	Cuba Street
Remarks	

11122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	17th July 1875
4. Place of Birth (Street and Number)	29 Ballo. Str.
5. Full Name of Mother	Margereth May Gesang
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	John May
9. Father's Occupation	Cigar Manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard Str.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11123

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1879 BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d; &c.)	10
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	—
3. *Date of Birth*	17 July 1875
4. *Place of Birth (Street and Number)*	59 Germany Str.
5. *Full Name of Mother*	Bobet Hoffman
6. *Mother's Maiden Name*	" Reinard
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Hoffman
9. *Father's Occupation*	Locksmith
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	326 Lombard Str.
Remarks	

11124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 20 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 17 July 1875
4. *Place of Birth (Street and Number)* 284 Pratt St.
5. *Full Name of Mother* Robet Miller
6. *Mother's Maiden Name* " Newman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Solomon Miller
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 512 E. Lombard Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth the 17 of July 1875
4. Place of Birth (Street and Number) M C Mclendia Street 45
5. Full Name of Mother Roseanne Thomson
6. Mother's Maiden Name Roseanne Anderson
7. Mother's Birthplace Baltimore M D
8. Full Name of Father Charles Thomson
9. Father's Occupation Fieldhand in the Printing
10. Father's Birthplace Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Rosetta Williams

Address No 70 Clement Street

Remarks Mother Child Doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4426

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 17th, 1875.
4. Place of Birth (Street and Number) No 9. McComic, St
5. Full Name of Mother Gertrude Harbard
6. Mother's Maiden Name " Prunes
7. Mother's Birthplace Germany
8. Full Name of Father Harckt Harbard
9. Father's Occupation Painter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudiger.

Address 134 N Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4427

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 17. 1875.
4. Place of Birth (Street and Number)	311 N. Eden St.
5. Full Name of Mother	Alice W. Reid.
6. Mother's Maiden Name	Alice W. Suter.
7. Mother's Birthplace	Maryland
8. Full Name of Father	Miles S. Reid.
9. Father's Occupation	Minister.
10. Father's Birthplace	N. Carolina.
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hancock M.D.
Address	95 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4428

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 16th (17th) 1875
4. *Place of Birth (Street and Number)*	253 Hanover St. Baltimore City
5. *Full Name of Mother*	Mary Elizabeth Edwards
6. *Mother's Maiden Name*	Mary Elizabeth Yates
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Richard Edwards
9. *Father's Occupation*	Mariner
10. *Father's Birthplace*	Northumberland Co. Va.
Name of Medical Attendant, or other Person who makes this Return.	a Mary R. Easley
Address	115 Hamburg St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 17
4. Place of Birth (Street and Number) cor allizam Luzerne street
5. Full Name of Mother Elizo green
6. Mother's Maiden Name Elizo horn
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel green
9. Father's Occupation Stone Moulder
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Frey 193 chester street

Address 193 chester street

Remarks Healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

44430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th July
4. Place of Birth (Street and Number)	No 11 East Avenue
5. Full Name of Mother	Jennie Cragg
6. Mother's Maiden Name	Jennie Shackle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Cragg
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

RETURN OF A BIRTH.

114131

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 17th 1875.
4. Place of Birth (Street and Number)	156 Druid Hill Avenue
5. Full Name of Mother	Ann C. Jamison
6. Mother's Maiden Name	Harris
7. Mother's Birthplace	Calvert County, Maryland.
8. Full Name of Father	Robert Jamison
9. Father's Occupation	Grocer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11432

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 17th 1875
4. Place of Birth (Street and Number)	536 Saratoga St.
5. Full Name of Mother	Kate Mc Gurk
6. Mother's Maiden Name	Kate Mc Gee
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Mc Gurk
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44433

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Thirteenth.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 17th 1875
4. Place of Birth (Street and Number)	Fulton & Lorman Sts
5. Full Name of Mother	Catharine Delaplane
6. Mother's Maiden Name	Hitesheu
7. Mother's Birthplace	Carroll Co. Maryland
8. Full Name of Father	Joseph Edmund Delaplane
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Carroll Co. Maryland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D
Address	112 N. Greene St.
Remarks	The above named Lady has had thirteen children — all females.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

44431

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 17th 1875
4. *Place of Birth* (Street and Number) 377 377 Hanover Street
5. *Full Name of Mother* Harriet Dames
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md Maryland
8. *Full Name of Father* Adam Dames Jr.
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address No 11 Burgundy alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 & 5 Child

1. *Sex* (state whether Male or Female) Male & Female Twins
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 17 July 1875
4. *Place of Birth* (Street and Number) Baltimore City No 11 North Fountain St
5. *Full Name of Mother* Mrs Elizabeth Camp
6. *Mother's Maiden Name* Elizabeth Trenham
7. *Mother's Birthplace* Oneida Co N York
8. *Full Name of Father* Jno A Camp
9. *Father's Occupation* Rail Road Conductor
10. *Father's Birthplace* Pennsylvania Hartford Co Md

Name of Medical Attendant, or other Person who makes this Return. Jane Kenney Surgeon

Address No 23 North Liberty Street Balto

Remarks —

4436.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 18th 1875
4. Place of Birth (Street and Number)	No 143 S Chapel St. F P.
5. Full Name of Mother	Susie Fell Stemmer
6. Mother's Maiden Name	Susie Fell
7. Mother's Birthplace	America
8. Full Name of Father	John Stemmer
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	No 178 S. Chapel Street.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4437

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colara
3. Date of Birth 18 July
4. Place of Birth (Street and Number) 128 Eden St
5. Full Name of Mother margret harris
6. Mother's Maiden Name margret scott
7. Mother's Birthplace Acamac co va
8. Full Name of Father Wilkins harris
9. Father's Occupation work in the sugar refinery
10. Father's Birthplace Acamac co va

Name of Medical Attendant, or other Person who makes this Return. Mrs leah fahrman

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

44138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 4th 1875
4. Place of Birth (Street and ~~Number~~)	Baltimore No 14 Frances Alley
5. Full Name of Mother	Rachel Robertson
6. Mother's Maiden Name	Rachel fisher
7. Mother's Birthplace	Frederick Co
8. Full Name of Father	Julius Robertson
9. Father's Occupation	Waiter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Hester Bardly Dr
Address	85 Orchard St
Remarks	

4439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth July 18th
4. Place of Birth (Street and Number) No 202 vine St
5. Full Name of Mother Emmy J. Hooper
6. Mother's Maiden Name Emmy J. Smith
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Elick L. Hooper.
9. Father's Occupation Brick molder.
10. Father's Birthplace E. Shore Md.

Name of Medical Attendant, or other Person who makes this Return. Shalott Warns

Address 258 Rabusge St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4440

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July th 18 1875
4. Place of Birth (Street and Number) Baltimore No 77 pierce Street
5. Full Name of Mother Anna Johnson
6. Mother's Maiden Name Anna Gold Borrough
7. Mother's Birthplace Queens Anna County
8. Full Name of Father Richard Johnson
9. Father's Occupation Brick Mason
10. Father's Birthplace Queens Anna County

Name of Medical Attendant, or other Person who makes this Return. Hester A Bardy Dr

Address 85 orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 14th 1875
4. Place of Birth (Street and Number) 178 South Dallas St
5. Full Name of Mother Abbie Cory
6. Mother's Maiden Name Abbie Burns
7. Mother's Birthplace Baltimore
8. Full Name of Father William Cory
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Leo. Walker

Address 186 Eastern Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4442

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth July, 15th.
4. Place of Birth (Street and Number) 240. Pierce Street
5. Full Name of Mother Martha Bergmann
6. Mother's Maiden Name Mo. Fletcher
7. Mother's Birthplace Virginian.
8. Full Name of Father John Bergmann.
9. Father's Occupation Tailor
10. Father's Birthplace Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Wendel

Address 56. Pearl St.

Remarks

Birthed Registration of the Board of Health to occurs a fine and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4443

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female) mail
2. Race or Color (if not of the white race) african
3. Date of Birth July the 14
4. Place of Birth (Street and Number) Baltimore west st 226
5. Full Name of Mother addia griffin
6. Mother's Maiden Name addia neal
7. Mother's Birthplace esix county va
8. Full Name of Father Jaimes griffin
9. Father's Occupation hostler
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. emily hayes

Address west st 203

Remarks

11.11.44

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 14th 1875
4. *Place of Birth (Street and Number)*	No 346 Hanover st.
5. *Full Name of Mother*	Rosa Pyle
6. *Mother's Maiden Name*	Rudolph.
7. *Mother's Birthplace*	America.
8. *Full Name of Father*	William Pyle.
9. *Father's Occupation*	Plasterer
10. *Father's Birthplace*	America.
Name of Medical Attendant, or other Person who makes this Return.	J. Schroasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* July 14th

4. *Place of Birth* (Street and Number) 148 Park Avenue

5. *Full Name of Mother* Mary Elizabeth Moritz

6. *Mother's Maiden Name* Mary Elizabeth Stewart

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Adam D. Moritz

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Bremen

Name of Medical Attendant, or other Person who makes this Return. G. Pape. M.D.

Address 55. N. Eutaw St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14th/75
4. Place of Birth (Street and Number)	444 Canton Avenue
5. Full Name of Mother	Sarah Jane Clark
6. Mother's Maiden Name	Sarah Jane Ringrose
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Thomas Clark
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Rachel A Garrett
Address	# 31 Luzerne St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4447

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jul 14th 1875
4. Place of Birth (Street and Number)	80 Orleans st.
5. Full Name of Mother	Catharine Frederick
6. Mother's Maiden Name	" Beedus
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Henry Frederick
9. Father's Occupation	Baker.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary R. Peddicord
Address	134 N. Bond st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4448

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 14 " 1875
4. Place of Birth (Street and Number)	No 16 Harrison St.
5. Full Name of Mother	Mina Emmerich
6. Mother's Maiden Name	" " Ehrman
7. Mother's Birthplace	Germany
8. Full Name of Father	Abraham Emmerich
9. Father's Occupation	Clothing Store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reitz
Address	N. 40 E Fayette Ste.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health of Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4449

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) wite
3. Date of Birth 14 Juli
4. Place of Birth (Street and Number) Hah stret 31
5. Full Name of Mother Elise Damier
6. Mother's Maiden Name Elise Dirifof
7. Mother's Birthplace Brehmen
8. Full Name of Father Michel Dirifof
9. Father's Occupation ~~Jy~~ Hockster.
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. A Gerstenberger

Address 104 Colubia

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4430

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 14th 1875

4. Place of Birth (Street and Number) W.C. Lying in Asylum 163 W. Lombard

5. Full Name of Mother Anna Baker

6. Mother's Maiden Name

7. Mother's Birthplace Maryland

8. Full Name of Father Wm Powell

9. Father's Occupation Farmer

10. Father's Birthplace M.C.

Name of Medical Attendant, or other Person who makes this Return. D. A. Gresler M.D.

Address 163 W. Lombard St.

Remarks

4451

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 14/75
4. Place of Birth (Street and Number) 102 Boston St.
5. Full Name of Mother Kate ~~Bachman~~ Moser
6. Mother's Maiden Name ~~Mr~~ Bachman
7. Mother's Birthplace Germany
8. Full Name of Father Jacob Moser
9. Father's Occupation Harriez Maker
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. Mary Lederer

Address 23 S. Durham St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14th
4. Place of Birth (Street and Number)	226 N. Calvert St
5. Full Name of Mother	Mary Hunter
6. Mother's Maiden Name	Mary Sweeney
7. Mother's Birthplace	New York
8. Full Name of Father	Jas. W. Hunter
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mul. St.
Remarks	(Child. Kentucky)

4453

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. July 15th 1875

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 14th 1875
4. Place of Birth (Street and Number) No 184 Durham St.
5. Full Name of Mother Adolfina Kunze
6. Mother's Maiden Name Adolfina Koffkinsky.
7. Mother's Birthplace Germania
8. Full Name of Father Mathaeus Kunze.
9. Father's Occupation Schoemaker.
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 137 S. Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11.415.11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 15. 1875
4. *Place of Birth* (Street and Number)	* 254 E. Eager st
5. *Full Name of Mother*	Emma Lavinia Lauerhoff
6. *Mother's Maiden Name*	" " Potter
7. *Mother's Birthplace*	Balto. city
8. *Full Name of Father*	Frederick Oscar Lauerhoff
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	A. C. Hartman M.D.
Address	* 300 N. Caroline st.
Remarks	Baltimore

Extract from Regulations of the Board of Health relative to the preparation of correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4455

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) ~~Bo~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15th July
4. Place of Birth (Street and Number) Little Baltimore
5. Full Name of Mother Ballett Dietmann
6. Mother's Maiden Name Babbett Loverlatt
7. Mother's Birthplace Berlin
8. Full Name of Father John Dietmann
9. Father's Occupation Carpenter
10. Father's Birthplace ~~B~~ Dearmstead

Name of Medical Attendant, or other Person who makes this Return. 48 Holland St

Address Mrs Ulbig

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14456

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15. 1875
4. Place of Birth (Street and Number)	649 Pennsylvania Avenue
5. Full Name of Mother	Lavinia Britain
6. Mother's Maiden Name	Lavinia Lukens
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	Geo Britain
9. Father's Occupation	Butter Dealer
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Marbury Brewer M.D.
Address	201 N. Bidale St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colord
3. Date of Birth July 15
4. Place of Birth (Street and Number) 58 lewis st
5. Full Name of Mother Alpistie Bantom
6. Mother's Maiden Name Alpistie thomas
7. Mother's Birthplace talbert co Md
8. Full Name of Father John Bantom
9. Father's Occupation Sailor
10. Father's Birthplace talbert co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address no. 32 shore st

Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Jul. 15. 75 ~~414 Sadlers Road~~
4. *Place of Birth* (Street and Number) 414 Sadlers Road
5. *Full Name of Mother* Elizabeth A Weisenborn
6. *Mother's Maiden Name* Dingham
7. *Mother's Birthplace* Germania
8. *Full Name of Father* Franz Weisenborn
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burchman

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Jul 15. 75
4. Place of Birth (Street and Number) 259. Lombert St
5. Full Name of Mother Louise Matzon
6. Mother's Maiden Name Muller
7. Mother's Birthplace Germanic
8. Full Name of Father Cas Matzon
9. Father's Occupation Backer
10. Father's Birthplace Germanic

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4446

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 15th July 1875

4. *Place of Birth (Street and Number)* 211 S. Bethel St.

5. *Full Name of Mother* Catherine Lee

6. *Mother's Maiden Name* Hillgardner

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Wm H. Lee

9. *Father's Occupation* Foreman at Saw-mill

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Brendel

Address No 208 South Bond st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4461

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15th 1875
4. Place of Birth (Street and Number)	Cor Grant & Pennsylvania
5. Full Name of Mother	Mary C. Myers
6. Mother's Maiden Name	Mary C. Rawlings
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Kinsey B. Myers
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	
Address	414 Saratoga
Remarks	543 Lexington

4462

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUL 20 1875
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 15th 1875
4. Place of Birth (Street and Number)	43 Fayette Ave
5. Full Name of Mother	Lizzie Weyer
6. Mother's Maiden Name	Lizzie Kolthe
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Weyer
9. Father's Occupation	Grocer
10. Father's Birthplace	York Pa
Name of Medical Attendant, or other Person who makes this Return.	Annie Nusengehl (Midwife)
Address	214 Preston
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

41163

HEALTH DEPARTMENT JUN 22 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 15 of July
4. *Place of Birth (Street and Number)* Hardford Road
5. *Full Name of Mother* Maria
6. *Mother's Maiden Name* Kuhl
7. *Mother's Birthplace* Washington D. C.
8. *Full Name of Father* Gorge Pfluger
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Pfau Midwife

Address

Remarks N. 79 Somerset St.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

44644

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 19 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 15th 1915
4. *Place of Birth (Street and Number)* No 244 Central Ave
5. *Full Name of Mother* Maria Schultz
6. *Mother's Maiden Name* Maria Liakos
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Euliano Schultz
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. Helena Killegerist

Address No 1.82 Monument st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4465

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15th 75
4. Place of Birth (Street and Number)	No 367 Hanover St.
5. Full Name of Mother	Elinora Price
6. Mother's Maiden Name	Elinora Thompson
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John H. Price
9. Father's Occupation	Sailmaker
10. Father's Birthplace	Home Department
Name of Medical Attendant, or other Person who makes this Return.	S. G. Trimble M.D.
Address	No 203 W Lombard St
Remarks	

11466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 17 1875

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th Child.

1. *Sex (state whether Male or Female)* a Female.
2. *Race or Color (if not of the white race)* the White race.
3. *Date of Birth* 15th of July.
4. *Place of Birth (Street and Number)* No 112 Chestnutt st.
5. *Full Name of Mother* Helena Schlesinger.
6. *Mother's Maiden Name* Helena Bracht.
7. *Mother's Birthplace* born in Germany.
8. *Full Name of Father* Moses Schlesinger.
9. *Father's Occupation* a agent.
10. *Father's Birthplace* born in Germany.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Sharon Eigeldinger.

Address No 14 Monroe Strat.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 15th of July
4. *Place of Birth (Street and Number)* Mount Street № 30
5. *Full Name of Mother* Sarah Seets
6. *Mother's Maiden Name* Sarah North
7. *Mother's Birthplace* Dorchester County
8. *Full Name of Father* Frederick Seets
9. *Father's Occupation* furniture dealer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. S. E. Pennington

Address 224 W. Fayette Street.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4468

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 15th 1875
4. Place of Birth (Street and Number) B712 Light st.
5. Full Name of Mother Cristine Woerrlein
6. Mother's Maiden Name Wiese.
7. Mother's Birthplace Germany.
8. Full Name of Father John Woerrlein.
9. Father's Occupation store keeper.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address 213 Cross st.

Remarks

ract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

hat any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, six days thereafter, stating distinctly the date of birth, sex, and color of the child or children its or their physical condition, whether still born or not, the full name, nativity, and residence parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4068 2

HEALTH DEPARTMENT JUL 15 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 of June
4. Place of Birth (Street and Number)	25 S Wilson St
5. Full Name of Mother	Ricka Foos
6. Mother's Maiden Name	Randolph
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lewis A Foos
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mis C Dunkle
Address	No 60 Charles
Remarks	

4469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15 July 1875.
4. *Place of Birth (Street and Number)*	236 Grant.
5. *Full Name of Mother*	Theresa Potgeiser
6. *Mother's Maiden Name*	" Schweizer
7. *Mother's Birthplace*	Balto.
8. *Full Name of Father*	Charles Potgeiser
9. *Father's Occupation*	Shoemaker.
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11170

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 16 1875
4. *Place of Birth* (Street and Number) 171 King st.
5. *Full Name of Mother* Maria Koff
6. *Mother's Maiden Name* " Miller
7. *Mother's Birthplace* Waldeck Germany
8. *Full Name of Father* Ludwig Koff
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Hessen Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Korb

Address 326 South Eutaw St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4471

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 15th 1875
4. Place of Birth (Street and Number)	194 N Eutaw Street
5. Full Name of Mother	Mackie Berger
6. Mother's Maiden Name	" " Wolf
7. Mother's Birthplace	Germany
8. Full Name of Father	August Berger
9. Father's Occupation	Horsedel
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reibz
Address	No 40 E Fayette Street
Remarks	

RETURN OF A BIRTH.

4472

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Col'd
3. Date of Birth April 18th 1875
4. Place of Birth (Street and Number) Balto City 18 Fessier Street
5. Full Name of Mother Mary Martha Simpson
6. Mother's Maiden Name Mary Martha ~~Simpson~~ White
7. Mother's Birthplace Baltimore County Maryland
8. Full Name of Father John Simpson
9. Father's Occupation Porter
10. Father's Birthplace Carroll County Maryland

Name of Medical Attendant, or other Person who makes this Return. Jane Baker

Address No. 66 Cider Alley Balto City

Remarks

Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born (is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11173

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth June 23 1875

4. Place of Birth (Street and Number) 113 More Alley

5. Full Name of Mother Louisa Taylor

6. Mother's Maiden Name Louisa Dixon

7. Mother's Birthplace Guilford Carolina County N. C.

8. Full Name of Father James Taylor

9. Father's Occupation Horse Car

10. Father's Birthplace Virginia County Va

Name of Medical Attendant, or other Person who makes this Return. Jane Baker

Address No 66 Cider Alley Baltimore Md

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11 11 7 11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether ~~Male or~~ Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 29th
4. *Place of Birth (Street and Number)* 188 Dover Street
5. *Full Name of Mother* Rosa Boas natvie Kleinbauer
6. *Mother's Maiden Name* Rosa Kleinbauer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Boas
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Henry Salzer

Address 165 W. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4475

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth July 2nd 1875.
4. Place of Birth (Street and Number) 75 Block Street.
5. Full Name of Mother Eliza Catherine Kavanaugh.
6. Mother's Maiden Name " " "
7. Mother's Birthplace Ireland.
8. Full Name of Father John Kavanaugh.
9. Father's Occupation Driver.
10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. James J. McPhail, M.D.

Address 254 Eastern Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth July 5
4. Place of Birth (Street and Number) No 6 Pleasant st
5. Full Name of Mother Dinah Bailey
6. Mother's Maiden Name
7. Mother's Birthplace Richmond Va.
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Deal

Address No 6 Pleasant st

Remarks it yet lives in perfect health

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

HEALTH DEPARTMENT SEP 6 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 16 1875
4. *Place of Birth* (Street and Number)	886 Aisquith St
5. *Full Name of Mother*	Maggie
6. *Mother's Maiden Name*	Morgan
7. *Mother's Birthplace*	Balt.
8. *Full Name of Father*	Thos. L. Pope
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Balt
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	186 Aisquith St
Remarks	

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 17th
4. Place of Birth (Street and Number) No. 6 Chester st.
5. Full Name of Mother Catherine Virginia Davis
6. Mother's Maiden Name Catherine Virginia Davis
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Hazen Davis
9. Father's Occupation Painter
10. Father's Birthplace Boston Massachusetts

Name of Medical Attendant, or other Person who makes this Return. Mrs James Knowles

Address No 212 Eastern Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11479

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jul. 18. 75
4. Place of Birth (Street and Number)	126. Jackson Square
5. Full Name of Mother	Marie Kleaft
6. Mother's Maiden Name	Schneider
7. Mother's Birthplace	Balto City
8. Full Name of Father	Chas Kraft
9. Father's Occupation	Buteer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buzelmann
Address	120 Bank St
Remarks	

RETURN OF A BIRTH.

4480

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	18th July
4. Place of Birth (Street and Number)	261 N. Dallas St.
5. Full Name of Mother	Cathrin Fenni Nette ~~Heys~~ Schule
6. Mother's Maiden Name	" " Heys
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fredrich Schule
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Miller
Address	151 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) —
3. Date of Birth 18 July 1875
4. Place of Birth (Street and Number) 29 Low Str.
5. Full Name of Mother Christina Kirshner
6. Mother's Maiden Name " Pelz.
7. Mother's Birthplace Germany
8. Full Name of Father John Kirshner
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return: Sarah Casper

Address 52 E. Lombard St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 18 th
4. Place of Birth (Street and Number)	32 Durham Street
5. Full Name of Mother	Celie Virginia Schultz
6. Mother's Maiden Name	Burkes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Friedrich Wilhelm Schultz
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	70 Granby Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11183

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* July 5th

4. *Place of Birth (Street and Number)* 247 N. Eden St

5. *Full Name of Mother* Elizabeth A. Butler

6. *Mother's Maiden Name* Butler

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* George Wm Butler

9. *Father's Occupation* House & Sign Painter

10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Harold T. Chrismer

Address 129 E. Monument St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11484

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) erste

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) weiß

3. Date of Birth 18ten Juli 1875.

4. Place of Birth (Street and Number) Canton Avenue 273.

5. Full Name of Mother Margaretha Schmidt.

6. Mother's Maiden Name Hamburg

7. Mother's Birthplace Emden Ostfriesland

8. Full Name of Father Gerhard Schmidt

9. Father's Occupation Seemann

10. Father's Birthplace Emden Ostfriesland.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Louise Kraft.

Remarks

RETURN OF A BIRTH.

44185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18th July
4. Place of Birth (Street and Number)	fort Avenue no 11
5. Full Name of Mother	Mary Slouch
6. Mother's Maiden Name	Margret Allen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Harry Slouch
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorchester by Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Nash
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4486

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 18th 1875
4. Place of Birth (Street and Number) 125 Parkin St
5. Full Name of Mother Emma Jane Woodward
6. Mother's Maiden Name Benson
7. Mother's Birthplace Balto City
8. Full Name of Father Boliver S Woodward
9. Father's Occupation Painter
10. Father's Birthplace Richmond Va

Name of Medical Attendant, or other Person who makes this Return. J H Currey

Address 76 S Paca St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) male.
2. *Race or Color* (if not of the white race) white.
3. *Date of Birth* 18. July. 1875
4. *Place of Birth* (Street and Number) 453. Eight St.
5. *Full Name of Mother* M. Boston.
6. *Mother's Maiden Name* M. Meyer.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* G. Boston.
9. *Father's Occupation* Pump. maker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No. 22. Elizabeth Lan.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4488

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 18th 1875
4. Place of Birth (Street and Number) No 110 Lexington St
5. Full Name of Mother Ida Boyd
6. Mother's Maiden Name Ida Sauvering
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Mamie L. Boyd
9. Father's Occupation Book-Keeper
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke Mr. Womble Md

Address No 203 W. Lombard St

Remarks B. C.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First-

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 18 1875-
4. *Place of Birth (Street and Number)* No 10 North Gilmor St-
5. *Full Name of Mother* Susan Mays
6. *Mother's Maiden Name* Susan Frazer
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Charles David Mays
9. *Father's Occupation* Civil Engineer
10. *Father's Birthplace* Louisiana

Name of Medical Attendant, or other Person who makes this Return. J W McCarrell M D

Address 28 South Green St- Balt-City-

Remarks

4490

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 18th 1875.
4. *Place of Birth (Street and Number)* N. Dallas St. No. 31
5. *Full Name of Mother* Emilie Mohr
6. *Mother's Maiden Name* Emilie Taylor
7. *Mother's Birthplace* Cecil County, State Maryland
8. *Full Name of Father* Christian Mohr
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Bermuthain, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4491

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 18th 1875
4. *Place of Birth (Street and Number)* E. Eager St. No. 191
5. *Full Name of Mother* Elise Thenot
6. *Mother's Maiden Name* Elise Bachel.
7. *Mother's Birthplace* Allalterbach. Gr. Hessen Germany
8. *Full Name of Father* John L. Thenot
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Dotternhausen Fr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11492

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. Sex (state whether Male or ~~Female~~) White
2. Race or Color (if not of the white race)
3. Date of Birth July 18th 1875.
4. Place of Birth (Street and Number) Brevoort St. no No between Jefferson & McElderry St.
5. Full Name of Mother Theresia Emge.
6. Mother's Maiden Name Theresia Wolf
7. Mother's Birthplace Stelhofe. V. Baiern Germany
8. Full Name of Father Philipp Emege
9. Father's Occupation none
10. Father's Birthplace Hastein V. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N Dallas St. No 26

Remarks

4493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 18th 1875
4. *Place of Birth (Street and Number)* 254 Mulberry St
5. *Full Name of Mother* Sophia Ostenburg
6. *Mother's Maiden Name* Sophia Walcher
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Ostendorf
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Meesenzehl (Midwife)

Address 214 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or, not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4494

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 18th 1875
4. Place of Birth (Street and Number)	91 Barhamm Pl
5. Full Name of Mother	Anna ~~Bechthold~~ Gantzhorn
6. Mother's Maiden Name	Anna Bechthold
7. Mother's Birthplace	Germany
8. Full Name of Father	Michael Gantzhorn
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Annie Messenger (midwife)
Address	214 Preston St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11193

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18th July
4. *Place of Birth (Street and Number)* 27 Green Md. Ave.
5. *Full Name of Mother* Mary Ellen Almony
6. *Mother's Maiden Name* Warner
7. *Mother's Birthplace* New Windsor. Carroll County Md.
8. *Full Name of Father* Mordecai Almony
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. M. Mayson

Address 18 Hesquith St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. July 19th 1875

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 18th 1875.
4. *Place of Birth (Street and Number)* No 320 S. Bond St.
5. *Full Name of Mother* Annie Mattausch
6. *Mother's Maiden Name* Annie Fritch
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Upton Mattausch.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 137. S. Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11147

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 of July
4. Place of Birth (Street and Number)	Hanover st Locust Point
5. Full Name of Mother	Catherine Smith
6. Mother's Maiden Name	Catherine Miller
7. Mother's Birthplace	Germany
8. Full Name of Father	Edward Smith
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Margret Erdel

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

11498

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19 of July
4. *Place of Birth (Street and Number)* Point Lahr
5. *Full Name of Mother* Maria
6. *Mother's Maiden Name* Faas
7. *Mother's Birthplace* Pittsburg Pa.
8. *Full Name of Father* Konrad Remel
9. *Father's Occupation* Cab Cedar Maker
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Pfau Midwife

Address N. 19 Somerset Pl

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	White
Date of Birth	19th July 70.
Place of Birth (Street and Number)	187 George St.
Full Name of Mother	Catharine Grave,
Mother's Maiden Name	Catharine Simigin
Mother's Birthplace	Richmond Va.
Full Name of Father	Robt Grave.
Father's Occupation	Sadler
Father's Birthplace	Petersburg Va.
Name of Medical Attendant, or other Person who makes this Return.	J. W. Littell
Address	231 Frank Klin
Remarks	

RETURN OF A BIRTH.

4500

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1874
BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	July 4th 19 1875
4. *Place of Birth (Street and Number)*	Baltimore No 242 preston St
5. *Full Name of Mother*	Mary Eddy
6. *Mother's Maiden Name*	Mary Bird
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Eddy
9. *Father's Occupation*	carpenter
10. *Father's Birthplace*	pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Chester Bordly Dr
Address	85 orchard st
Remarks	

4501

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th July
4. Place of Birth (Street and Number)	234 W Pratt St
5. Full Name of Mother	Lucinda C. Heath
6. Mother's Maiden Name	Lucinda C. Beale
7. Mother's Birthplace	Virginia
8. Full Name of Father	Henry A. Heath
9. Father's Occupation	Hatter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J C Burch M D
Address	141 Hanover St
Remarks	

4502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	July 19
4. *Place of Birth (Street and Number)*	134 S. Bethel St
5. *Full Name of Mother*	Christina Müller
6. *Mother's Maiden Name*	Christina Wagner
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Müller
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 189 S. Bond St.
Remarks	

4503

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)	Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	July 19 1875
4. Place of Birth (Street and Number)	No 4 Dover street
5. Full Name of Mother	Susan Carnish
6. Mother's Maiden Name	Susan Sunsville
7. Mother's Birthplace	Pst Mary County
8. Full Name of Father	Thomas Carnish
9. Father's Occupation	Groom Colored
10. Father's Birthplace	Cambridge Dorchester County
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Warren
Address	No 257 Raborge street
Remarks	

4504

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	July 19th 1875
4. Place of Birth (Street and Number)	56 East st Baltimore
5. Full Name of Mother	Elizebeth Wilson
6. Mother's Maiden Name	Elizebeth Dorsey
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Robert Wilson
9. Father's Occupation	oyster shucker
10. Father's Birthplace	Baltimor city
Name of Medical Attendant, or other Person who makes this Return.	Sopha Hikes
Address	No 135 Chestnut st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4505

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th July 1875
4. *Place of Birth (Street and Number)* 13 Hillen st
5. *Full Name of Mother* Mary Winter
6. *Mother's Maiden Name* Mary Walter
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Winter
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 126 N. Caroline St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4506

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 26 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19th 1875
4. Place of Birth (Street and Number)	273 Gilliam St
5. Full Name of Mother	Elizebeth Meredith
6. Mother's Maiden Name	Elizebeth Crooker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Phil B. Meredith
9. Father's Occupation	Marble Cutter
10. Futher's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D.
Address	17 Warren avenue
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4507

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19th 1875
4. *Place of Birth (Street and Number)* N. Dallas St. No. 35
5. *Full Name of Mother* Kunigunde Albrecht
6. *Mother's Maiden Name* Kunigunde Eckhardt.
7. *Mother's Birthplace* Eschardshausen N. Baiern Germany
8. *Full Name of Father* Friedrich Albrecht
9. *Father's Occupation* none
10. *Father's Birthplace* Sattelderf. Wr. Wurtemberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

4508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19th 1875
4. *Place of Birth (Street and Number)* S. Central Av. No 2.
5. *Full Name of Mother* Sarah Brawy
6. *Mother's Maiden Name* Sarah Pearl.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Brawy
9. *Father's Occupation* Sailor
10. *Father's Birthplace* N. York St. N. York

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11509

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19th 1875
4. Place of Birth (Street and Number)	190 E Pratt Balto
5. Full Name of Mother	Margaret A Gaye
6. Mother's Maiden Name	Margaret A Younger
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Edgar L Gaye
9. Father's Occupation	Edge Tool Manufacturer
10. Father's Birthplace	Somerset Co Md
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Andrew MD
Address	No 121 E Balto st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4510

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 29 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	July 19th. 1875
4. *Place of Birth (Street and Number)*	24 Pearl Street
5. *Full Name of Mother*	Ida Sanders
6. *Mother's Maiden Name*	Ida Shane
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Theodor Sanders
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	26 & Pearl Sts
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4511

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Boy
2. Race or Color. (if not of the white race) Wilt
3. Date of Birth 19 July
4. Place of Birth (Street and Number) Canton Baltimore. Cauwy
5. Full Name of Mother Catrarina Bayer
6. Mother's Maiden Name Catrarina Deiteman
7. Mother's Birthplace Darmstat Hessen Germena
8. Full Name of Father John Martin Bayer
9. Father's Occupation Hertenbaer Germeng
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Ana Maria Gölber

Address 3 St avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4512

RETURN OF A BIRTH.

HEALTH DEPARTMENT 1915 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible] child

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 14
4. *Place of Birth* (Street and Number) 242 [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) male.
2. Race or Color (if not of the white race) white.
3. Date of Birth 19 July. 1875.
4. Place of Birth (Street and Number) 456 Light St.
5. Full Name of Mother K. Hoffman.
6. Mother's Maiden Name K. Weaver.
7. Mother's Birthplace Baltimore.
8. Full Name of Father J. Hoffman.
9. Father's Occupation Laborer.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Katherine Horner.

Address No. 29. Elizabeth. Lane.

Remarks 7

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

43511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 19th 1875
4. Place of Birth (Street and Number)	410 Eastern av
5. Full Name of Mother	Mary Ann Sullivan
6. Mother's Maiden Name	" " DeWitt
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Richard Sullivan
9. Father's Occupation	Moulder
10. Father's Birthplace	Cork Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Cross
Address	45 Jackson Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4575

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth July 14th 1875.

4. Place of Birth (Street and Number) 1 Brown Court No 104

5. Full Name of Mother Rachel Goldstein

6. Mother's Maiden Name Rachel Rosenau

7. Mother's Birthplace Germania

8. Full Name of Father Abraham Goldenberg

9 Father's Occupation Shoe Renter

10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return Caroline Bourne.

Address 114 Battery Pl.

Remarks

11516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Mal
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th July 1875
4. *Place of Birth (Street and Number)* No. 213 East Monument St. Baltimore Md
5. *Full Name of Mother* Margaret Harrison
6. *Mother's Maiden Name* Margaret Seward
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James Harrison
9. *Father's Occupation* Butler Dealer.
10. *Father's Birthplace* Virginia.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary A Butt.

Address No 209, Monument St. Cor. of Central Ave.

Remarks Tarable well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4517

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 19th 1875
4. *Place of Birth (Street and Number)* 116 South Castle St.
5. *Full Name of Mother* Henrietta Vieth
6. *Mother's Maiden Name* Lehr
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Heinrich Vieth
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. F. Heisel

Address 102 S. Bond Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4518

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) Colloud
3. Date of Birth 19 of July 1875
4. Place of Birth (Street and Number) Castles Street 105
5. Full Name of Mother Emely Sail
6. Mother's Maiden Name Emely Dawson
7. Mother's Birthplace Baltimore M D
8. Full Name of Father Samuel Sail
9. Father's Occupation Carquin Bz Trat
10. Father's Birthplace Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Rowell Williams

Address 70 Chestnut Street

Remarks Mother Child Coming With

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 19 1875
4. *Place of Birth (Street and Number)*	45 Vine St.
5. *Full Name of Mother*	Reginia Kuhl
6. *Mother's Maiden Name*	" Knopf
7. *Mother's Birthplace*	Rur. Hesse Germany.
8. *Full Name of Father*	August Kuhl
9. *Father's Occupation*	Shoemaker.
10. *Father's Birthplace*	Hessen Darmstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kark
Address	528 South Eutaw St. Balto.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child.

1. *Sex* (state whether Male or Female) a Femal.
2. *Race or Color* (if not of the white race) the Whit race.
3. *Date of Birth* 19 of July.
4. *Place of Birth* (Street and Number) No 81 Patterson Avenue.
5. *Full Name of Mother* Hebun Brown.
6. *Mother's Maiden Name* Helen Knight.
7. *Mother's Birthplace* born in Baltimor.
8. *Full Name of Father* Jefferson Brown.
9. *Father's Occupation* a Stor keper.
10. *Father's Birthplace* born in Baltimor.

Name of Medical Attendant, or other Person who makes this Return. Midwif Mrs Thresa Engelsinger.

Address No 14 Union Strut.

Remarks The Child was Chocked.

This Child died 2 ours after its birth.

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 20th July
4. Place of Birth (Street and Number) No 672 W. Baltimore St
5. Full Name of Mother Carolina ~~Wagener~~ Lober
6. Mother's Maiden Name Carolina Wagener
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father Conrad Lober
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Fuber

Address [illegible] 439

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4522

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 20 of July
4. Place of Birth (Street and Number) N. E. Corner of Eager & Stirling Sts
5. Full Name of Mother Elisabetha
6. Mother's Maiden Name Mehl
7. Mother's Birthplace Baltimore
8. Full Name of Father John Aul
9. Father's Occupation Tavern Keeper
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Pfarr Midwife

Address

Remarks N 79 Somerset St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4523

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 26th 1875
4. *Place of Birth (Street and Number)* Vine Street 442
5. *Full Name of Mother* Mary A. Braxton
6. *Mother's Maiden Name* Mary A. Hammond
7. *Mother's Birthplace* Frederick County Maryland
8. *Full Name of Father* Hamilton Braxton
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Franklintown Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Dr Lucy Upshur

Address No 134 N. Eutaw Street Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4524

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	July 20/78
4. Place of Birth (Street and Number)	Fales I Road Balt
5. Full Name of Mother	James Gibson
6. Mother's Maiden Name	Sonna Brown
7. Mother's Birthplace	Balto city Md
8. Full Name of Father	James Gibson
9. Father's Occupation	Smith
10. Father's Birthplace	Woodberry Balto co Md
Name of Medical Attendant, or other Person who makes this Return.	J H Sutton M D
Address	28 Franklin st Balt
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 20.
4. Place of Birth (Street and Number) 658 W. Baltimore St
5. Full Name of Mother Elizabeth Krauss
6. Mother's Maiden Name Elizabeth Hoffmann
7. Mother's Birthplace Hessen Darmstadt
8. Full Name of Father Lewis Lawrence Krauss
9. Father's Occupation Basket Manufacturer
10. Father's Birthplace Baiern

Name of Medical Attendant, or other Person who makes this Return. ~~[illegible]~~ Dumler

Address 60 Schorker

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4526

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, ~~&c.~~) Third

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 20. 1875.
4. *Place of Birth* (Street and Number) 87 Patapsco St.
5. *Full Name of Mother* Mary Hays.
6. *Mother's Maiden Name* Mary O'Connor.
7. *Mother's Birthplace* Baltimore, Md. America.
8. *Full Name of Father* Daniel Hays.
9. *Father's Occupation* Iron Moulder.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. J. M. Sullivan, M. D.

Address 116 Thames St.

Remarks

RETURN OF A BIRTH.

4527

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 4th 20 1876
4. *Place of Birth (Street and Number)* Baltimore No 12 Biddle Alley
5. *Full Name of Mother* Eliza Williams
6. *Mother's Maiden Name* Eliza McClain
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Williams
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Dr

Address 85 Orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11528

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th July
4. *Place of Birth (Street and Number)* 1019 Eden's Court
5. *Full Name of Mother* Mary A. Hubbard
6. *Mother's Maiden Name* Mary A. Wright
7. *Mother's Birthplace* Dorchester County Md
8. *Full Name of Father* Martin Van Buren Hubbard
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch M D

Address 141 Hanover St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20th July
4. Place of Birth (Street and Number)	735 West Fayette St.
5. Full Name of Mother	Lucy A Trueheart
6. Mother's Maiden Name	" White
7. Mother's Birthplace	Richmond Va
8. Full Name of Father	Wm H Trueheart
9. Father's Occupation	Clerk
10. Father's Birthplace	Amelia Co. Va
Name of Medical Attendant, or other Person who makes this Return.	E Sinclair
Address	No 29 Monroe st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 20. 1875
4. Place of Birth (Street and Number) 90 Block St
5. Full Name of Mother Mary Kelly
6. Mother's Maiden Name Mary Mooney
7. Mother's Birthplace Ireland
8. Full Name of Father Timothy Kelly
9. Father's Occupation Caulker
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address the Child name Hannah Elizebeth Kelly

Remarks the Child is healthy

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	July 20th 1875
4. Place of Birth (Street and Number)	No 417 Cross st.
5. Full Name of Mother	Mary Loue.
6. Mother's Maiden Name	Blumnouer
7. Mother's Birthplace	America
8. Full Name of Father	John Loue.
9. Father's Occupation	Trunk maker.
10. Father's Birthplace	America.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohnasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colerd
3. Date of Birth July th 20 1815
4. Place of Birth (Street and Number) No 84 Saint Mary Street
5. Full Name of Mother Mary Sharp Mason
6. Mother's Maiden Name Mary Sharp
7. Mother's Birthplace Cambridge
8. Full Name of Father Corneteen Mason
9. Father's Occupation Walter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Bardly Dr

Address 85 orchard Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4533

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4th

1. Sex (state whether Male or Female) Male healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 20. of Jully /75
4. Place of Birth (Street and Number) 2 Calverton Road Balto.
5. Full Name of Mother Bertha Erni
6. Mother's Maiden Name Bertha Elenaus
7. Mother's Birthplace Heidelbery Germany
8. Full Name of Father Edward Erni
9. Father's Occupation Collector
10. Father's Birthplace Hanau Germany

Name of Medical Attendant, or other Person who makes this Return. L. Hillar

Address 57 Smallwood St. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4534

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) ~~Jul 20~~ 75
3. Date of Birth Jul. 20.
4. Place of Birth (Street and Number) 32 Castol ave
5. Full Name of Mother Marie Schirmer
6. Mother's Maiden Name " Genz
7. Mother's Birthplace Germanie
8. Full Name of Father August Schirmer
9. Father's Occupation Taylor
10. Father's Birthplace Germanie

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 30 1875
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	20th July 1875
4. Place of Birth (Street and Number)	7 Bloodman Str.
5. Full Name of Mother	Matilda Gladen
6. Mother's Maiden Name	" Davison
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Gladen
9. Father's Occupation	Sea-Captain
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard Str.
Remarks	

RETURN OF A BIRTH.

4536

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) —
3. Date of Birth 20 July 1875
4. Place of Birth (Street and Number) 24 Exeter Str.
5. Full Name of Mother Mary Hoffman
6. Mother's Maiden Name " Belgester
7. Mother's Birthplace Germany
8. Full Name of Father John Wm Hoffman
9. Father's Occupation Grocer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return, Sarah Busper

Address 32 S. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* ———
3. *Date of Birth* 20th July 1875
4. *Place of Birth (Street and Number)* 108 High Str.
5. *Full Name of Mother* Mary Roney
6. *Mother's Maiden Name* Hoben
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Roney
9. *Father's Occupation* Oyster Dealer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 20 July
4. Place of Birth (Street and Number) Baltimore 239 St
5. Full Name of Mother Annie Cloak
6. Mother's Maiden Name Cowers
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Kook
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Granby 3

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4538
4539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20th 1875
4. Place of Birth (Street and Number)	No 272 N Bond st
5. Full Name of Mother	Annie Morgan
6. Mother's Maiden Name	Annie Harper
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Geo A Morgan
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Andrews
Address	No 121 E Baltimore st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 20 1875
4. Place of Birth (Street and Number) Pratt st N. 18. E.
5. Full Name of Mother Barbara Gaumer Panetti
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father J. J. Panetti
9. Father's Occupation Store
10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. L. Panetti

Address N. 88 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4541

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jul 20. 75
4. *Place of Birth (Street and Number)* 273 Dallas St
5. *Full Name of Mother* Marie Rost
6. *Mother's Maiden Name* Dane
7. *Mother's Birthplace* Germanie
8. *Full Name of Father* Carl Rost
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Burchmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4542

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth July 20th 1875.
4. Place of Birth (Street and Number) 205 Chesnut Alley
5. Full Name of Mother Margaretha Vogelsang
6. Mother's Maiden Name M. Ott
7. Mother's Birthplace Hessen Germany
8. Full Name of Father Conrad Vogelsang
9. Father's Occupation Laborer
10. Father's Birthplace Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Wensel

Address 56 Pearl Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or o[illegible]rson in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11543

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	W
3. *Date of Birth*	July 20th 1875
4. *Place of Birth* (Street and Number)	480 Pa Av
5. *Full Name of Mother*	Elizabeth Schaumloffel
6. *Mother's Maiden Name*	Reitz
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Jacob Schaumloffel
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	, Midwife
Address	Elizabeth Dysmith
Remarks	

rect Record of Vital Statistics in the City of Ba

That any physician, accou[illegible] midwife, or other person in charge, who advise at the birth of any child [illegible] the City of Baltimore, shall report to t[illegible] aforesaid, within six days thereafter, [illegible] the date of birth, sex, and color of [illegible] r children born, its or their physical condition, whether still born or not, the full name, nativity, residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4344

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. July 21st 1875

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 20th 1875
4. *Place of Birth (Street and Number)* 1089 Chapple St.
5. *Full Name of Mother* Mary Hirsch
6. *Mother's Maiden Name* Mary Thiem
7. *Mother's Birthplace* Germania
8. *Full Name of Father* John Hirsch
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend

Address No 137 S. Wolfe.

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

113115

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White,
3. Date of Birth	July 20. 1875
4. Place of Birth (Street and Number)	311 N. Eden St.
5. Full Name of Mother	Margaret Reid,
6. Mother's Maiden Name	Margaret Reid,
7. Mother's Birthplace	Virginia
8. Full Name of Father	William Reid
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	N. Carolina,
Name of Medical Attendant, or other Person who makes this Return.	J. N. Hinck M.D.
Address	95 E. Baltimore St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4546

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 20th 1875
4. Place of Birth (Street and Number) No 270 Druid Hill Avenue B.C.
5. Full Name of Mother Mary Ann Hubner
6. Mother's Maiden Name Mary Ann Hacken
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Hubner
9. Father's Occupation Brick Manufacturer
10. Father's Birthplace Lonnerstadt Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Pembroke McWombe Md

Address No 203 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

45 43

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 20 Juli
4. Place of Birth (Street and Number) 348 Hamburg Strit
5. Full Name of Mother Theodora ~~[illegible]~~ Freitag
6. Mother's Maiden Name Theodora Zikmer
7. Mother's Birthplace Baltimore
8. Full Name of Father Theodor Freitag
9. Father's Occupation Schneider
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leadenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21st 1875
4. Place of Birth (Street and Number)	"Bolton" — Hoffman st
5. Full Name of Mother	Mary Butler
6. Mother's Maiden Name	Mary Spena
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Rivin Butler
9. Father's Occupation	Lawyer
10. Father's Birthplace	South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Ruffin Bucher
Address	35 N Charles st.
Remarks	

4549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 21st July
4. Place of Birth (Street and Number) 248 Hamburg Street
5. Full Name of Mother Margreth Elisabeth Bode
6. Mother's Maiden Name Elisabeth
7. Mother's Birthplace Hannover
8. Full Name of Father Herman Heinrich Vordemberge
9. Father's Occupation Dealer in Grocerie a Liquor
10. Father's Birthplace Hannover

Name of Medical Attendant, or other Person who makes this Return

Address Mrs M. Areny

Remarks No. 32 Liadenhal Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1550

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Juny 21
4. Place of Birth (Street and Number)	Durham St No 246
5. Full Name of Mother	Elise Schafer
6. Mother's Maiden Name	Elise Brickner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ambros Schafer
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina Heidlage
Address	No 289 S. Bond St
Remarks	

4551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	21st July 1876
4. Place of Birth (Street and Number)	611 S. Eutaw St.
5. Full Name of Mother	Susanah Johns.
6. Mother's Maiden Name	Johns.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Thomas.
9. Father's Occupation	Oyster Shucker or Bricklayer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Susan E Armstrong
Address	279 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 21st 1875
4. *Place of Birth (Street and Number)* 292 Hoffman St.
5. *Full Name of Mother* Annie R. Todd
6. *Mother's Maiden Name* " " Stone
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Thomas C. Todd
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller, M.D.

Address 87 N. Greene St.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male & Female
2. Race or Color (if not of the white race) White, German
3. Date of Birth 1875 July 21st
4. Place of Birth (Street and Number) Balt. 32 S Gilmore St
5. Full Name of Mother Rosa Veith
6. Mother's Maiden Name Rosa Schmidt
7. Mother's Birthplace Bavaria Europe
8. Full Name of Father John Veith
9. Father's Occupation Music Teacher
10. Father's Birthplace Prussia Europe

Name of Medical Attendant, or other Person who makes this Return. Wm D L Larkin M D

Address No 648 W Lombard St

Remarks Premature Birth 5 months, result of Uterine Hemmorhage

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4534

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July th 21 1915
4. *Place of Birth (Street and Number)* Baltimore 802 Franklin Street
5. *Full Name of Mother* Annie Kraft
6. *Mother's Maiden Name* Annie Davis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John W. Kraft
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hester Bardy D.N.

Address

Remarks 85 orchard Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4555

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c)	July 21st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 21st
4. Place of Birth (Street and Number)	Chapple St. No. 31
5. Full Name of Mother	Julia Ann Wheadly
6. Mother's Maiden Name	Julia Ann Dorsey
7. Mother's Birthplace	Queen's Ann County
8. Full Name of Father	John Henry Wheadly
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Dorchester County
Name of Medical Attendant, or other Person who makes this Return	Betsy Midowny
Address	Duncan Alley No. 11
Remarks	

4536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 4th

1. Sex (state whether Male or Female) Female healthe
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 21st of July 1875
4. Place of Birth (Street and Number) West Balto. St. near the Care Stable
5. Full Name of Mother Lizzie Schroeder
6. Mother's Maiden Name L. Reiserschneider
7. Mother's Birthplace Hessen Germany
8. Full Name of Father Frederick Schroeder
9. Father's Occupation Baar-Keeper
10. Father's Birthplace Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. L. Hillar

Address 57 Smallwood St. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11537

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 July
4. *Place of Birth (Street and Number)* 165 Allice Anne Street.
5. *Full Name of Mother* Francis Meyer
6. *Mother's Maiden Name* " Francisco
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* August Meyer.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Brendel

Address No 208 South Bond st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4558

HEALTH DEPARTMENT JUL 21 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 21st 1875
4. Place of Birth (Street and Number) Cross st 429.
5. Full Name of Mother Caroline Miller
6. Mother's Maiden Name " ~~Kabl~~ Karl
7. Mother's Birthplace Sachsen. Weimar
8. Full Name of Father George Miller
9. Father's Occupation Druggist
10. Father's Birthplace Kur. hessen Germany.

Name of Medical Attendant, or other Person who makes this Return. Mary. Kirk

Address 328. South. Eutaw st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	21 July 1875
4. Place of Birth (Street and Number)	39 Eastern Avenue.
5. Full Name of Mother	Ellen Herman
6. Mother's Maiden Name	" Lee
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Herman
9. Father's Occupation	Sea Captain.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard Str.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 21 July
4. Place of Birth (Street and Number) 182 Lumbert Street
5. Full Name of Mother Louisa Eckert
6. Mother's Maiden Name Sackman
7. Mother's Birthplace Germany
8. Full Name of Father Herman Eckert
9. Father's Occupation Underhaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st July 1875
4. Place of Birth (Street and Number)	494 Canton Av
5. Full Name of Mother	Leonora Debaufre
6. Mother's Maiden Name	" Ringrose
7. Mother's Birthplace	Balto
8. Full Name of Father	James M Debaufre
9. Father's Occupation	Can Making
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	J Ridgway Andre M D
Address	No 121 E Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4562

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 21st 1875
4. Place of Birth (Street and Number)	132 German st
5. Full Name of Mother	Adlie E Smith
6. Mother's Maiden Name	" " Baker
7. Mother's Birthplace	Balto City
8. Full Name of Father	George E Smith
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John T Pennington
Address	210 Franklin st
Remarks	

Seal Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21st 1875
4. Place of Birth (Street and Number)	Md Lying in Asylum, 163 W. Lanford
5. Full Name of Mother	Maggie Detmers
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Theodore Fitzcomb
9. Father's Occupation	Gardener
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	S. A. Gissler M.D.
Address	Resident Physician
Remarks	Md Lying in Asylum

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 21st 1875
4. Place of Birth (Street and Number) McL Lying in Asylum 163 W Lombard St
5. Full Name of Mother Katie Reif
6. Mother's Maiden Name
7. Mother's Birthplace Germany
8. Full Name of Father Chas Bromwell
9. Father's Occupation Salesman
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. D A Gueber M.D.

Address 163 W Lombard St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4565

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21 — 1875
4. Place of Birth (Street and Number)	163 Penna. Avenue
5. Full Name of Mother	Madeline Wicks
6. Mother's Maiden Name	Fisher
7. Mother's Birthplace	Germany
8. Full Name of Father	Christopher Wicks
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Samuel. J. Knight M.D.
Address	112 N. Greene St
Remarks	Arm Presentation. Turned and delivered; child dead

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 27 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 21st 75
4. Place of Birth (Street and Number)	687 Saratoga st
5. Full Name of Mother	Annie Ward
6. Mother's Maiden Name	" Brown
7. Mother's Birthplace	Balto City
8. Full Name of Father	Joseph E Ward
9. Father's Occupation	Carpenter
10. Father's Birthplace	Anne Arundel Co.
Name of Medical Attendant, or other Person who makes this Return.	D L Pennington
Address	210 E Fayette st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Record of Vital Statistics in the City of Baltimore.

456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) wihle
3. Date of Birth 21 Juli.
4. Place of Birth (Street and Number) St peter street 48 N.
5. Full Name of Mother Hesville Knorr
6. Mother's Maiden Name "Müller
7. Mother's Birthplace Germany.
8. Full Name of Father Louis Knor
9. Father's Occupation Arn vorker
10. Father's Birthplace Rosenberg

Name of Medical Attendant, or other Person who makes this Return. A Gerstemeyer

Address 104 Columbia street.

Remarks

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No 11568

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~)	2d
1. Sex (state whether Male or Female)	Mall
2. Race or Color (if not of the white race)	
3. Date of Birth	July 21st 1875
4. Place of Birth (Street and Number)	19 McHenry St
5. Full Name of Mother	Malinda McFrederick
6. Mother's Maiden Name	Malinda Lepson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James McFrederick
9 Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	James H Butler
Address	144 Mulberry St
Remarks	

That Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4569

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 12 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th Thirteenth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 22nd 1875
4. Place of Birth (Street and Number) N. Gay 163
5. Full Name of Mother Elizabeth Halley
6. Mother's Maiden Name Elizabeth Castle
7. Mother's Birthplace Frederic County Maryland
8. Full Name of Father Millard Halley

×9 Father's Occupation None

10. Father's Birthplace Frederic city Maryland

Name of Medical Attendant, or other Person who makes this Return. E. L. Baldwin

Address 124 N. Eutaw st

× Remarks He is totally blind — This return is not made sooner in consequence of absence from town

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

For Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

Stat
4670

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 11 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (~~state whether Male or~~ Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 22nd 1875 3 A. M
4. *Place of Birth (Street and Number)* 134 Jefferson St. Balto City
5. *Full Name of Mother* Rebecca Martin Reynolds
6. *Mother's Maiden Name* Rebecca Martin Brome
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* William F. Reynolds
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Chester Co. Penn.

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Balto Street. City

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

11571

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

REGISTRAR'S OFFICE
AUG 3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5e ~~male~~

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* American
3. *Date of Birth* July 22 1875
4. *Place of Birth (Street and Number)* Porter St 1e 155 Baltimore Md.
5. *Full Name of Mother* Catherine Dennis
6. *Mother's Maiden Name* Catherine Meyers
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Peter J Dennis
9. *Father's Occupation* Boiler
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Tilly

Address 48 Holland St

Remarks Balt. Md.

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT RECEIVED 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* ~~Illegible~~ female
2. *Race or Color (if not of the white race)* American
3. *Date of Birth* July 22 1875
4. *Place of Birth (Street and Number)* Holland St No 24
5. *Full Name of Mother* Alice Miller
6. *Mother's Maiden Name* Alice Holmes
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Miller
9. *Father's Occupation* Edgar Marker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. B. Miller

Address 48 Holland St Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

4573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	22 day of July
4. *Place of Birth (Street and Number)*	No. 3 Dover str
5. *Full Name of Mother*	Mary Zentgraf
6. *Mother's Maiden Name*	Mary Kuhl
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Louis Zentgraf
9. *Father's Occupation*	Candy Maker
10. *Father's Birthplace*	Larbach in Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Miss. Dumler
Address	60 Schroder Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4574

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White ~~[illegible]~~
3. Date of Birth July 22th
4. Place of Birth (Street and Number) Charles St No 211
5. Full Name of Mother Bettie Cohen
6. Mother's Maiden Name Bettie Lowenthal
7. Mother's Birthplace Baltimar
8. Full Name of Father Medel Cohen
9. Father's Occupation Clotting Store
10. Father's Birthplace Prusian

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs M. Avery

Remarks Nor 3d Liattenhal Street.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4575

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth July 22
4. Place of Birth (Street and Number) 122 S. Register St
5. Full Name of Mother Magrete Schilling
6. Mother's Maiden Name Magrete Kaiser
7. Mother's Birthplace Baltimore
8. Full Name of Father John Schilling
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4576

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 22
4. *Place of Birth (Street and Number)* 396 Eastern Av
5. *Full Name of Mother* Sophie Minz
6. *Mother's Maiden Name* Sophie Bauer
7. *Mother's Birthplace* Hessen
8. *Full Name of Father* Kasper Minz
9. *Father's Occupation* Tabot
10. *Father's Birthplace* Hessen

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address N 289 S. Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4577

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 23rd
4. Place of Birth (Street and Number) 54 S. Washington St
5. Full Name of Mother Mary Jane Deveney
6. Mother's Maiden Name Mary Jane McGuckin
7. Mother's Birthplace Philadelphia
8. Full Name of Father John Frances Deveney
9. Father's Occupation Carpenter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address Mary Conner 153 Choptank St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 2
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 7th 22 1915
4. Place of Birth (Street and Number)	1 Balto Co 2 Mulberry Street
5. Full Name of Mother	Rachel Watkins
6. Mother's Maiden Name	Rachel Irvine
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Watkins
9. Father's Occupation	Waiter
10. Father's Birthplace	Richmond Co
Name of Medical Attendant, or other Person who makes this Return.	Hester A Bardly MD
Address	85 orchard St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Full record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) African Race.

3. Date of, Birth 22d July 1875

4. Place of Birth (Street and Number) 183 East st.

5. Full Name of Mother Rosa Obrien

6. Mother's Maiden Name Rosa Bucn

7. Mother's Birthplace Cockeysville. B. Md:

8. Full Name of Father Louis Obrien

9 Father's Occupation Laborer

10. Father's Birthplace Marlboro N. C.

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address 125 N. Caroline st. B. Md.

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4589

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* geboren den 22. July
4. *Place of Birth (Street and Number)* Blair st.
5. *Full Name of Mother* Minna Loetell
6. *Mother's Maiden Name* Minna Fürstenberg
7. *Mother's Birthplace* aus Braunschweig
8. *Full Name of Father* Wm. Loetell
9. *Father's Occupation* Schumeker
10. *Father's Birthplace* aus Braunschweig

Name of Medical Attendant, or other Person who makes this Return. Dr. Ulrich Miller

Address Sterling St. No 166.

Remarks

4581

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child [illegible]

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 22 of July 1875
4. *Place of Birth (Street and Number)* No 3 Ridgeway court
5. *Full Name of Mother* Mary Gizer deward
6. *Mother's Maiden Name* " " Ridgway
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Cornelious Ridgway
9. *Father's Occupation* Express man
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return.

Address Leasy Sidney

Remarks no 45 peashally Balto md

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 22d
4. Place of Birth (Street and Number)	23 Clark St
5. Full Name of Mother	Bertha Cotton
6. Mother's Maiden Name	Bertha Hartz
7. Mother's Birthplace	On board German ~~[illegible]~~ vessell to the U. States on the passage
8. Full Name of Father	Lebman Cotton
9. Father's Occupation	Clothier
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Felix Jenkins
Address	148 Mulberry St
Remarks	Child Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 22nd 1875

4. Place of Birth (Street and Number) 138 S. Whalcott St. Baltimore

5. Full Name of Mother Emma Bell Krebs

6. Mother's Maiden Name Pearce

7. Mother's Birthplace Baltimore City

8. Full Name of Father Charles William Emmerall Krebs

9. Father's Occupation Wagoner

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. William B. Murray MD

Address [redacted] Patterson Ave. & Stricker St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

45814

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 22nd 1875
4. Place of Birth (Street and Number) 8 Clark St.
5. Full Name of Mother Sarah M Brennaman
6. Mother's Maiden Name " " Richardson
7. Mother's Birthplace Maryland
8. Full Name of Father Chas H. Brennaman
9. Father's Occupation Tobacconist
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. H. Keller MD

Address 87 N. Greene St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

See Record of Vital Statistics in the City of Baltimore.

4585

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 22nd 1875
4. Place of Birth (Street and Number)	196 Preston St.
5. Full Name of Mother	Caroline Johnston
6. Mother's Maiden Name	" Wilhelm
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Johnston
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Kelly M.D.
Address	89 N. Greene St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vide Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	Male
2. Race or ~~Color~~ (if not of the white race)	Colored
3. Date of Birth	22nd July 1875
4. Place of Birth (Street and Number)	166 Dallas St
5. Full Name of Mother	Martha May
6. Mother's Maiden Name	Martha Burns
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David May
9. Father's Occupation	Steward
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leo Walker
Address	No 191 Eastern Ave
Remarks	

Rule Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4587

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 22nd 1875
4. *Place of Birth* (Street and Number) No 496 Gay st
5. *Full Name of Mother* Mary Hressel
6. *Mother's Maiden Name* Mary Bessel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Hressel
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 156 Broadway St

Remarks

4588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 22nd 1875
4. Place of Birth (Street and Number) No 31 Mc Caldery st
5. Full Name of Mother Mary Kahl
6. Mother's Maiden Name Mary Heatz
7. Mother's Birthplace Baltimore
8. Full Name of Father Gustavus Kahl
9. Father's Occupation Sign Painter
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena H Clegeis

Address No 1-82 Monument st

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11589

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 26 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 22nd 1875
4. *Place of Birth (Street and Number)* Carford road no number
5. *Full Name of Mother* Margaretha Labaling
6. *Mother's Maiden Name* Maggergather Farhar
7. *Mother's Birthplace* Baltimore,
8. *Full Name of Father* Gerhard Labaling
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mena Hallegard

Address No 182 Monument st

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4590

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 22nd 1875
4. Place of Birth (Street and Number) No 133 Central Avenew
5. Full Name of Mother Emme Tegeler
6. Mother's Maiden Name Emme Israel
7. Mother's Birthplace Baltimore
8. Full Name of Father William Tegeler
9. Father's Occupation Shipcarpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 Monument St

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11,391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 22
4. Place of Birth (Street and Number)	No 189 Register St
5. Full Name of Mother	Lizzie Files
6. Mother's Maiden Name	Roth
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H. Files
9. Father's Occupation	Captain
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C Brundel
Address	E 208 South Bond St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Records of Vital Statistics in the City of Baltimore.

1392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 22nd 75
4. Place of Birth (Street and Number)	No 196 Division Street
5. Full Name of Mother	Fanny Rhett
6. Mother's Maiden Name	Fanny Jesse
7. Mother's Birthplace	Virginia
8. Full Name of Father	Albert Rhett
9. Father's Occupation	Public Weigher
10. Father's Birthplace	South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Edmund R Walker MD
Address	No 180 Linden Avenue
Remarks	Labor Left occipito-anterior - natural - 7 about 9 hours duration - weight of child 8 lbs.

ject Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4593

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 22nd 1875.
4. *Place of Birth (Street and Number)* 215 Montgomery st.
5. *Full Name of Mother* Elizabeth Hollman
6. *Mother's Maiden Name* " Hinkle
7. *Mother's Birthplace* Kur. Hessen Germ.
8. *Full Name of Father* Henry Hollman
9. *Father's Occupation* Whitesmith
10. *Father's Birthplace* Hanover Germ.

Name of Medical Attendant, or other Person who makes this Return. Mary Kuhl

Address 328 South Eutaw

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Records of Vital Statistics in the City of Baltimore.

4594

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY. July 23

HEALTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 22nd 1875.
4. Place of Birth (Street and Number) No 91 Cambridge St.
5. Full Name of Mother Caty Imhof
6. Mother's Maiden Name Caty Siebert
7. Mother's Birthplace Germania.
8. Full Name of Father John Imhof
9. Father's Occupation Laborer.
10. Father's Birthplace Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend.

Address No 137 S. Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4595

HEALTH DEPARTMENT JUL 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 22 1875
4. *Place of Birth (Street and Number)* Printing St No 4
5. *Full Name of Mother* Fanna Moore
6. *Mother's Maiden Name* Fanna Kinnan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alonza Moore
9. *Father's Occupation* Barrow Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula J Chrismer

Address 129 E Monument St

Remarks Baltimore MD

4596

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	[illegible]
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22d [illegible]
4. Place of Birth (Street and Number)	103 N. Wolf St
5. Full Name of Mother	Ida McCurdy
6. Mother's Maiden Name	" Hensler
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	James McCurdy
9. Father's Occupation	Door Store
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Chas R. Rudiger
Address	134 N. Bond St.
Remarks	

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth ~~No 177 Conway St B.C.~~ July 2nd 1873
4. Place of Birth (Street and Number) No 177 Conway St Baltimore Md
5. Full Name of Mother Rachael Preston
6. Mother's Maiden Name Rachael Dunn
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Edward Dawson Preston
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Wemble M.C.

Address No 203 W. Lombard St

Remarks Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4598

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex (state whether Male or Female) [illegible]

2. Race or Color (if not of the white race) [illegible]

3. Date of Birth 22 [illegible]

4. Place of Birth (Street and Number) No 401 light st

5. Full Name of Mother Annie Barley

6. Mother's Maiden Name Annie Harrison

7. Mother's Birthplace [illegible]

8. Full Name of Father John E. Barley

9. Father's Occupation [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1599

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1. Child
1. *Sex* (state whether Male or Female)	Male.
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	22. of July
4. *Place of Birth* (Street and Number)	Kamdale St. No. 21.
5. *Full Name of Mother*	Emma. Farley
6. *Mother's Maiden Name*	Emma. Shwanzar.
7. *Mother's Birthplace*	Baltimor
8. *Full Name of Father*	Mosehal. Farley
9. *Father's Occupation*	Saler.
10. *Father's Birthplace*	Germeney.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. No. 128
Remarks	

4600

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	second
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 22d 1875
4. Place of Birth (Street and Number)	133 N. Fremont St.
5. Full Name of Mother	Maria Luchting
6. Mother's Maiden Name	M. Muller
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	H. Luchting
9. Father's Occupation	Boxmaker
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	56 Pearl Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4601

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 22nd

4. Place of Birth (Street and Number) 149 Canal St.

5. Full Name of Mother Mary Jane Crosby

6. Mother's Maiden Name " " Bryson

7. Mother's Birthplace Baltimore

8. Full Name of Father Lewis Crosby

9. Father's Occupation Engineer

10. Father's Birthplace Anne Arundel County Md.

Name of Medical Attendant, or other Person who makes this Return Dr. Geo W. Wayson

Address 18 Hisquith St.

Remarks

4602

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Children.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	22. of July
4. Place of Birth (Street and Number)	Hanover St. No. 404.
5. Full Name of Mother	Faller. Crystal.
6. Mother's Maiden Name	Faller. Sweeney
7. Mother's Birthplace	County Sligo.
8. Full Name of Father	Patrick Sweeney.
9. Father's Occupation	Laber.
10. Father's Birthplace	County Leitrim
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Harter
Address	West St. No. 128.
Remarks	

4603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	23rd July
4. Place of Birth (Street and Number)	294 Raborg St
5. Full Name of Mother	Louisa Floyd
6. Mother's Maiden Name	Washington
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Josh Pliner
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Proctor
Address	
Remarks	

4604

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The sixth.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth Friday, July 23 5 P.M.
4. Place of Birth (Street and Number) West Pratt street No. 431.
5. Full Name of Mother Mary L. Menke
6. Mother's Maiden Name Mary L. Lopp.
7. Mother's Birthplace Lippe Detmold, Germany
8. Full Name of Father Wm. Menke
9. Father's Occupation Printer.
10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seebeck

Address No. 439 West Pratt street.

Remarks Ill well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23rd
4. Place of Birth (Street and Number)	212 N Linden St
5. Full Name of Mother	Jones
6. Mother's Maiden Name	Coleman
7. Mother's Birthplace	Balt.
8. Full Name of Father	Wm. A. Jones
9. Father's Occupation	Physician
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	T. A. Cosby
Address	University Hospital
Remarks	Mother gave birth to twins. Both Females.

4606

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Jewish
3. *Date of Birth* July 23. 1875
4. *Place of Birth (Street and Number)* Bay St 70 329
5. *Full Name of Mother* Ida Sackoffsky
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Polen Europe
8. *Full Name of Father* Levi Sackoffsky
9. *Father's Occupation* Glazier Good Shaw
10. *Father's Birthplace* Polen Europe

Name of Medical Attendant, or other Person who makes this Return. My Rose M.D.

Address 48 Hanover St Baltimore Md

Remarks

4607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Forth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 23 1877
4. Place of Birth (Street and Number) 202 Columbia St
5. Full Name of Mother Henerietta Knell
6. Mother's Maiden Name Henerietta Reidger
7. Mother's Birthplace Kapel Karhessen
8. Full Name of Father George Knell
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Miss Dummeleer

Address No 6 North Shroder St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, ~~is~~ or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July, 23
4. *Place of Birth* (Street and Number) Covington St
5. *Full Name of Mother* Sarah Birch
6. *Mother's Maiden Name* Sarah Clayton
7. *Mother's Birthplace* Accomac Co Va
8. *Full Name of Father* James T. Birch
9. *Father's Occupation* Sea man
10. *Father's Birthplace* Accomac Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4609

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. July 24th 1875.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* July 23rd 1875.
4. *Place of Birth* (Street and Number) No 272 S. Bond St.
5. *Full Name of Mother* Lizzie Schoff
6. *Mother's Maiden Name* Lizzie Erdeling
7. *Mother's Birthplace* America
8. *Full Name of Father* John Schoff.
9. *Father's Occupation* Wood Carver.
10. *Father's Birthplace* Germania.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend.
Address No 137 S. Wolfe St.
Remarks

RETURN OF A BIRTH.

4610

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* July 23
4. *Place of Birth* (Street and Number) 329 S. Bond St
5. *Full Name of Mother* Marie Rube
6. *Mother's Maiden Name* Marie Simson
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Rube
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Hannover (Germany)

Name of Medical Attendant, or other Person who makes this Return. Regina Heidlage

Address No 289 S. Bond St

Remarks

4611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 22nd of July 1875
4. Place of Birth (Street and Number) No. 157 South Ann Street
5. Full Name of Mother Karolima Steinman
6. Mother's Maiden Name " Kraft
7. Mother's Birthplace Germany
8. Full Name of Father William Steinman
9. Father's Occupation Cigar Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Ledere 23 S. Durham

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4612

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22nd 1875 July
4. Place of Birth (Street and Number)	No 1 North Durham St.
5. Full Name of Mother	Emily Sabina Morlock
6. Mother's Maiden Name	" " Tillwoff
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Adam Morlock
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Ledere No 23 St Durham
Address	
Remarks	

RETURN OF A BIRTH.

11613

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23d
4. Place of Birth (Street and Number)	~~26~~ 68 Eyseline st
5. Full Name of Mother	Kate Meeler
6. Mother's Maiden Name	Kate Kuhn
7. Mother's Birthplace	Germany
8. Full Name of Father	Andreas Meeler
9. Father's Occupation	Drayman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. L. Buddenbohn
Address	No 106 Columbia Av
Remarks	

RETURN OF A BIRTH.

4611

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth June 23rd 1875
4. Place of Birth (Street and Number) 92. N. Washington
5. Full Name of Mother Paulina Meisenhalder
6. Mother's Maiden Name Mattes
7. Mother's Birthplace Germany
8. Full Name of Father Simon Peter Meisenhalder
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch. M. D.

Address 27. N. Broadway

Remarks

1613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth July 23rd 1875
4. Place of Birth (Street and Number) No 112 N. Bond st.
5. Full Name of Mother Bridget Theresa Sheehan
6. Mother's Maiden Name " " Corrigan
7. Mother's Birthplace Ireland
8. Full Name of Father Cornelius Sheehan
9. Father's Occupation Carpenter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D.

Address 27 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4616.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male ~~White~~

2. Race or Color (if not of the white race) White ~~23rd. J~~

3. Date of Birth 23rd July 1875

4. Place of Birth (Street and Number) Belair road opposite Schutzenpark

5. Full Name of Mother Mrs Eberhard

6. Mother's Maiden Name Mrs Demece

7. Mother's Birthplace New York

8. Full Name of Father Mr Eberhard

9. Father's Occupation

10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Bull

Address No 209 Monument N. Cor. of Central Avenue

Remarks Carable Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 23rd July 1875
4. Place of Birth (Street and Number) No 9 Little Gough St.
5. Full Name of Mother Margareth Hauser
6. Mother's Maiden Name Margareth Geier
7. Mother's Birthplace Ulenberg Germany
8. Full Name of Father William Hauser
9. Father's Occupation Carpenter
10. Father's Birthplace Little Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A Butt

Address No 209 Monument St. Cor. of Central Avenue

Remarks Tarable Good health.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 23rd 1875
4. *Place of Birth (Street and Number)* 812 West Balto St.
5. *Full Name of Mother* Mary Ann Rick
6. *Mother's Maiden Name* Dont know
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Saml S. Rick
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. R. McMunn

Address 552 W. Fayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11619

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 of July
4. Place of Birth (Street and Number)	162 Pratt Street
5. Full Name of Mother	Maryann Bowman
6. Mother's Maiden Name	Anbar Maryann
7. Mother's Birthplace	Anbar Bauern
8. Full Name of Father	George Bowman.
9. Father's Occupation	Slate Paver
10. Father's Birthplace	Altkraut im Wirtemberg
Name of Medical Attendant, or other Person who makes this Return.	Wm. Dunmeier
Address	No. 60 Schroder Street
Remarks	This child lived only two days and died of Convulsions —

No 25

RETURN OF A BIRTH.

4629

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY:

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	5 te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Juli 23. 1875
4. Place of Birth (Street and Number)	South Wolfstr No 201
5. Full Name of Mother	Franki Wagner
6. Mother's Maiden Name	Franki Brown
7. Mother's Birthplace	Ost Friesland Hannover
8. Full Name of Father	Herzog Wagner
9. Father's Occupation	Wortarbeiter
10. Father's Birthplace	Ost Friesland Hannover
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Baumgarth
Address	No 28 South Wolfstr
Remarks	Uncertified

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 8th

1. *Sex* (state whether Male or Female) Male Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Born on the 23rd of July 1875
4. *Place of Birth* (Street and Number) 869 West Pratt St.
5. *Full Name of Mother* Barbara Zimmermann
6. *Mother's Maiden Name* B. Lahnen
7. *Mother's Birthplace* Hanover Germany.
8. *Full Name of Father* Frank A. Zimmermann
9. *Father's Occupation* Sergeant of the Police Force
10. *Father's Birthplace* Balto. County.

Name of Medical Attendant, or other Person who makes this Return. L. Hillar

Address 57 Small wood St Balto.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 24
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the tenth

1. *Sex* (state whether Male or Female) Female health

2. *Race or Color* (if not of the white race) white

3. *Date of Birth* born on the 23d of July 1875

4. *Place of Birth* (Street and Number) Calverton Road Balto.

5. *Full Name of Mother* Regina B Boehringer

6. *Mother's Maiden Name* R. Wiss

7. *Mother's Birthplace* Wurtemburg Germany

8. *Full Name of Father* Christian Boehringer

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Lizzie Hillar

Address 57 Smallwood Pl. Balto

Remarks

4623

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 23
4. Place of Birth (Street and Number) 26 S Stricker St
5. Full Name of Mother Carrie Riddlemoser
6. Mother's Maiden Name Carrie Snyder
7. Mother's Birthplace Baltimore City
8. Full Name of Father Joseph Riddlemoser
9. Father's Occupation Carriage Manufacturer
10. Father's Birthplace Adams Co Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. John I. R. Kroger M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4624

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) of White race.
3. *Date of Birth* born 23rd of July.
4. *Place of Birth* (Street and Number) No 20 Pennsylvania Avenue.
5. *Full Name of Mother* Lizzie Stimmler
6. *Mother's Maiden Name* Lizzie Walter.
7. *Mother's Birthplace* born in Baltimore.
8. *Full Name of Father* Michael Stimmler.
9. *Father's Occupation* a Cigar maker.
10. *Father's Birthplace* born in Baltimore.

Name of Medical Attendant, or Other Person who makes this Return. Midwife Mrs Theresa Eigelsinger.

Address No 14 Monroe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July. 23. 1875.
4. Place of Birth (Street and Number)	No. 50. Mc Mechin St.
5. Full Name of Mother	Liberty Christy Hullinger.
6. Mother's Maiden Name	
7. Mother's Birthplace	Adams Co. Pa.
8. Full Name of Father	J. A. Christy
9. Father's Occupation	Clergyman.
10. Father's Birthplace	Adams co. Pa.
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fitterhoff. M. D.
Address	77 Gearge St.
Remarks	

4626

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) ~~Female~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 23rd
4. Place of Birth (Street and Number) Baltimore No 17 Chew St
5. Full Name of Mother Emma Mettee
6. Mother's Maiden Name Emma Chamberlain
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm H. Mettee
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address 12 E Monument St

Remarks Baltimore M D

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Birth 23
4. *Place of Birth (Street and Number)* Harford Rode
5. *Full Name of Mother* Rebecca A Roder
6. *Mother's Maiden Name* Rebecca A Hopps
7. *Mother's Birthplace* Farn Birth
8. *Full Name of Father* G Edward Roder
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Ursula T Chrismer

Address E monument St 129

Remarks Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11628

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23d 1875
4. Place of Birth (Street and Number)	23 S. Howard St
5. Full Name of Mother	Susan Auerbach
6. Mother's Maiden Name	Behrens
7. Mother's Birthplace	London
8. Full Name of Father	Sol. L. Auerbach
9 Father's Occupation	Segar Manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M.D
Address	88 N Eutaw Street
Remarks	

11629

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White.
3. Date of Birth July 23th 1875
4. Place of Birth (Street and Number) 357, W Fayette St,
5. Full Name of Mother Julia Hamburger.
6. Mother's Maiden Name Julia Coblens.
7. Mother's Birthplace Marietta, Ohio.
8. Full Name of Father Myer Hamburger.
9. Father's Occupation Merchant.
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John. J. R. Kozer, M.D.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4630

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	23 July 1875.
4. *Place of Birth (Street and Number)*	280. Pratt St.
5. *Full Name of Mother*	Anna Gohlinghorst.
6. *Mother's Maiden Name*	" Fink
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Gohlinghorst
9. *Father's Occupation*	Broom Maker.
10. *Father's Birthplace*	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St.
Remarks	Balto.

4631

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. *Sex* (state whether Male or Female)	male
2. *Race or Color* (if not of the white race)	—
3. *Date of Birth*	23 July 1875
4. *Place of Birth* (Street and Number)	67 Balto. St.
5. *Full Name of Mother*	Henrietta Klorofsky
6. *Mother's Maiden Name*	" Goldberg
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	William Klorofsky
9. *Father's Occupation*	Restaurant Keeper
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4632

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 24 1875
4. *Place of Birth (Street and Number)* No. 408 Eastern av. Baltimore, Md.
5. *Full Name of Mother* Mrs. Amanda W. Mavel
6. *Mother's Maiden Name* Miss Amanda W. Sullivan
7. *Mother's Birthplace* Seaford, Delaware
8. *Full Name of Father* Alfred L. Mavel
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Seafnd, Delaware

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendenen M.D.

Address No 93 North Broadway

Remarks

4633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 24 1875
4. Place of Birth (Street and Number) Capt Jacob Rees Manicher Penna Avenue
5. Full Name of Mother Margaret Ann Pfeiffer
6. Mother's Maiden Name Margaret Ann Dunn
7. Mother's Birthplace Baltimore County
8. Full Name of Father John P. Pfeiffer
9. Father's Occupation Butcher
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Hiram Quentin

Address 647 Penna Avenue

Remarks Weighs 12 pound

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4634

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Brown skin
3. *Date of Birth* July 24 1875
4. *Place of Birth (Street and Number)* No 122 S durham St
5. *Full Name of Mother* Harriet Tilghman
6. *Mother's Maiden Name* Harriet Jones
7. *Mother's Birthplace* Md
8. *Full Name of Father* Richard Tilghman
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mid wife Hopkins

Address

Remarks No 69 S. Bethel St

4635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 7
1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24. 1875
4. Place of Birth (Street and Number)	125 N. Fremont St.
5. Full Name of Mother	Isabella Appler
6. Mother's Maiden Name	Leesop
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Benjamin Franklin Appler
9. Father's Occupation	Horse Car Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. M. C. Cuddy.
Address	363 Franklin St
Remarks	

4636

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 24th
4. Place of Birth (Street and Number) 352 Franklin St
5. Full Name of Mother Lenora E Mosier
6. Mother's Maiden Name Living
7. Mother's Birthplace Champlane N.Y.
8. Full Name of Father Wm H Mosier
9. Father's Occupation Whip Maker
10. Father's Birthplace Chickop Mass

Name of Medical Attendant, or other Person who makes this Return. H. F. Hane M.D.

Address Cor Pine & George St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th
4. Place of Birth (Street and Number)	No 7 Garrison Lane
5. Full Name of Mother	Emelia Dietrich
6. Mother's Maiden Name	Emelia Braungart
7. Mother's Birthplace	Saxony
8. Full Name of Father	Adam Dietrich
9. Father's Occupation	Tavernkeeper
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Mid Dunbar
Address	60 Leadenhall
Remarks	

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4638
4639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth & Seventh.

1. Sex (state whether Male or Female) Males.
2. Race or Color (if not of the white race) White
3. Date of Birth July 24th 1875
4. Place of Birth (Street and Number) No. 73 S. Charles St.
5. Full Name of Mother Anna Howard
6. Mother's Maiden Name Anna Lines.
7. Mother's Birthplace Harford Co. Md.
8. Full Name of Father Matthew Howard.
9. Father's Occupation Harness Maker.
10. Father's Birthplace Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Jane Winnebergen

Address No. 23 N. Liberty St.

Remarks Twins

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11610
11611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th/75
4. Place of Birth (Street and Number)	Alice ann st. No. 320.
5. Full Name of Mother	Maria Saminski
6. Mother's Maiden Name	Ptr. Sikora Johanna.
7. Mother's Birthplace	Pohlen
8. Full Name of Father	John Saminski
9. Father's Occupation	Laborer
10. Father's Birthplace	Russian Pohlen
Name of Medical Attendant, or other Person who makes this Return.	Johanna Schultz
Address	No 320 Alice ann st
Remarks	

RETURN OF A BIRTH.

4642

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 24. 1875
4. *Place of Birth (Street and Number)* 151 Charles St.
5. *Full Name of Mother* Caroline Curtis
6. *Mother's Maiden Name* " Leder.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Curtis
9. *Father's Occupation* Gloves maker.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address 328 South Eutaw St

Remarks Baltimore

Penal Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Witte
3. Date of Birth 24 of July
4. Place of Birth (Street and Number) No. 14 Dust alley.
5. Full Name of Mother Marline Wolke.
6. Mother's Maiden Name Marline Röming Harbsan
7. Mother's Birthplace Fürstenthum Waldeck.
8. Full Name of Father Charles Wolke
9. Father's Occupation Charbender
10. Father's Birthplace Orpathal in Waldeck.

Name of Medical Attendant, or other Person who makes this Return. Mrs Martin

Address West St. No 128.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 Children
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24th July
4. *Place of Birth (Street and Number)*	Fish alley
5. *Full Name of Mother*	Cathrin Flynn.
6. *Mother's Maiden Name*	Cathrin Dermott
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Barthalomew Flynn.
9. *Father's Occupation*	Laby.
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Martin
Address	West St. N. 128.
Remarks	

4645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 4 of July
4. Place of Birth (Street and Number) 122 Somerset St
5. Full Name of Mother ~~Stephanus Logg~~ Johanna Logg
6. Mother's Maiden Name Johanna Meisch Meisch
7. Mother's Birthplace in Baltimore
8. Full Name of Father Stephanus Logg
9. Father's Occupation Schmieder
10. Father's Birthplace ~~Schm~~ Irmunitz Baiern

Name of Medical Attendant, or other Person who makes this Return. Walbruger Müller

Address Siti Stirling St No 165.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd Child of Mother
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	[redacted] Colored
3. Date of Birth	July 24th 1875
4. Place of Birth (Street and Number)	10 Elder Alley
5. Full Name of Mother	Martha Adams
6. Mother's Maiden Name	" Graves
7. Mother's Birthplace	Balt°
8. Full Name of Father	John B. Graves
9. Father's Occupation	Drayman
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	R Winslow
Address	23 M°Culloh st
Remarks	

4647

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth July 9th 1875

4. Place of Birth (Street and Number) 25 Mount St

5. Full Name of Mother Mary Shriner

6. Mother's Maiden Name " Newman

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Shriner

9. Father's Occupation Telegrapher

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. W. R. McKinney

Address 582 W. Fayette St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth July 25th 1875

4. Place of Birth (Street and Number) 41 McHenry St

5. Full Name of Mother Hariette Boyer

6. Mother's Maiden Name Watkins

7. Mother's Birthplace Mos Agomery Co Md

8. Full Name of Father John H W Boyer

9. Father's Occupation Freight Conductor B & Ohio R Road

10. Father's Birthplace Fred City Md

Name of Medical Attendant, or other Person who makes this Return. J H Kenney

Address 76 S Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4649

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 25.
4. *Place of Birth (Street and Number)* 130 S. Paca Baltimore
5. *Full Name of Mother* Wilhelmina Fischer
6. *Mother's Maiden Name* " Lohman
7. *Mother's Birthplace* Brunswick Germany
8. *Full Name of Father* John Fischer
9. *Father's Occupation* Pump maker
10. *Father's Birthplace* Wurtemburg Germany

Name of Medical Attendant, or other Person who makes this Return. Barbara Fischer

Address 130 S. Paca St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4650

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third child.
1. Sex (state whether Male or Female)	F Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	July 25th 1875.
4. Place of Birth (Street and Number)	26 Sheritt St.
5. Full Name of Mother	Emma Priscilla Majors.
6. Mother's Maiden Name	" " Pumphrey.
7. Mother's Birthplace	Vicksburg. Miss.
8. Full Name of Father	Elisha J. Majors.
9. Father's Occupation	Salesman.
10. Father's Birthplace	Balto. City. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address	158 S. Sharp St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4651

HEALTH DEPARTMENT 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 25 1875
4. *Place of Birth (Street and Number)* No 124 Lamon Street
5. *Full Name of Mother* Alice Rollins
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Richmond County Virginia
8. *Full Name of Father* Alexandria Rollins
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Calvert County Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thornes 11 Burgundy alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4652

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 30 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25 1875
4. Place of Birth (Street and Number)	178 Harford Ave
5. Full Name of Mother	Sophia Ahlgart
6. Mother's Maiden Name	Sophia Ritter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo Philip Ahlgart
9 Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Regina A Winkler
Address	178 Harford Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11653

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 25th July 1875
4. *Place of Birth (Street and Number)* 122 N. Dallas st.
5. *Full Name of Mother* Margret A Cooper
6. *Mother's Maiden Name* Margret A Kelly
7. *Mother's Birthplace* Kent County E. Md.
8. *Full Name of Father* Wesley Cooper.
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Mixing Dorchester County Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address 125 N. Caroline st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11654

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25th 1875
4. Place of Birth (Street and Number)	Md Lying-in Asylum Aunt Hopkins
5. Full Name of Mother	
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Caesar Straff
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	D. A. Linden, M.D.
Address	Resident Physician Md Lying-in Asylum
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4655

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex* (state whether Male or Female) Weibliche
2. *Race or Color* (if not of the white race) Weiss
3. *Date of Birth* 22 Juli
4. *Place of Birth* (Street and Number) [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 74 [illegible]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4656

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child.

1. *Sex* (state whether Male or Female) a Female.
2. *Race or Color* (if not of the white race) the White race.
3. *Date of Birth* 25th of July.
4. *Place of Birth* (Street and Number) No 169 Piere Street.
5. *Full Name of Mother* Mary Deck.
6. *Mother's Maiden Name* Mary Gas.
7. *Mother's Birthplace* born in Baltimore.
8. *Full Name of Father* George Deck.
9. *Father's Occupation* a Labrol work.
10. *Father's Birthplace* born in Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Midwife Mrs Thresa Engeldinger.

Address No 14 Union Street.

Remarks

4657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1d
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25th 1875
4. Place of Birth (Street and Number)	366 N. Gilmor St.
5. Full Name of Mother	Laura E. Wilson.
6. Mother's Maiden Name	Laura E. Ray
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Alexander C. R. Wilson.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	
Address	John I. R. Krozed M.D.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 24
4. *Place of Birth (Street and Number)* 9 Hagers Court
5. *Full Name of Mother* Caroline E gibson
6. *Mother's Maiden Name* Bond
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* John gibson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Ursula J Christmas

Address 129 E Monument St

Remarks Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11639

HEALTH DEPARTMENT JUL 27 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25th 1875
4. Place of Birth (Street and Number)	343 W Pratt St
5. Full Name of Mother	Charlotte Gartenheim
6. Mother's Maiden Name	" Heckel
7. Mother's Birthplace	Germany
8. Full Name of Father	Christian Gartenheim
9 Father's Occupation	Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald M D
Address	856 N Eutaw Street
Remarks	

RETURN OF A BIRTH.

4669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 23.

4. Place of Birth (Street and Number) 106 E Fidler

5. Full Name of Mother Sophia Stallings

6. Mother's Maiden Name " Lucas

7. Mother's Birthplace Balto. City

8. Full Name of Father Wm Clark Stallings

9. Father's Occupation Blacksmith

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. D G Wagner

Address 18 Asquith St

Remarks

4661

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth Child
1. Sex (state whether ~~Male or~~ Female)	"
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 26th 1875
4. Place of Birth (Street and Number)	24 Cornet St
5. Full Name of Mother	Margaret Fox
6. Mother's Maiden Name	" " Miller
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Fox
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	John Fox
Address	
Remarks	No 24 Cornet St

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11662

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 26th
4. Place of Birth (Street and Number)	95 Scott Street
5. Full Name of Mother	E. Perkins.
6. Mother's Maiden Name	Mary E. Miles
7. Mother's Birthplace	Virginia
8. Full Name of Father	John Perkins
9. Father's Occupation	~~Laborer~~ Messenger
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Nora Mary Horrigan
Address	112 Scott Street
Remarks	

RETURN OF A BIRTH.

S 4663

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Jul. 26. 75
4. *Place of Birth* (Street and Number)	522 Canton av
5. *Full Name of Mother*	Lene Krug
6. *Mother's Maiden Name*	Gaul
7. *Mother's Birthplace*	Germanie
8. *Full Name of Father*	Fred. Krug
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Buschmann
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4664

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 26th 1875
4. Place of Birth (Street and Number)	133 n. Baltimore Street
5. Full Name of Mother	Anna Margaretha Butzler
6. Mother's Maiden Name	A. M. Hirschling
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	John F. Butzler
9. Father's Occupation	Merchant
10. Father's Birthplace	Darmstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wenzel
Address	36 Pearl East.
Remarks	

4665

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 7 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* July 26
4. *Place of Birth* (Street and Number) 88 S. Central Av.
5. *Full Name of Mother* Anna Frank
6. *Mother's Maiden Name* " Bruning
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fredrick. W. Frank
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Germanny

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address 151 E. Pratt St.

Remarks

4666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Not
3. Date of Birth July 26, 1875
4. Place of Birth (Street and Number) Chester St. Bet. Monument
5. Full Name of Mother Mary Obersight
6. Mother's Maiden Name Rodder
7. Mother's Birthplace Germany
8. Full Name of Father Michael Obersight
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rodger

Address 134 N. Bond St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4667

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 26 - 1875.
4. *Place of Birth* (Street and Number)	381 Saratoga St.
5. *Full Name of Mother*	Delia Courtney
6. *Mother's Maiden Name*	Purnell
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	George W. Courtney
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4668

HEALTH DEPARTMENT
AUG
2
1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th of July.
4. Place of Birth (Street and Number)	Oak St. No. 185
5. Full Name of Mother	Jane Murphy.
6. Mother's Maiden Name	Jane Clark
7. Mother's Birthplace	Ireland
8. Full Name of Father	Martin Joseph Murphy
9. Father's Occupation	Conductor.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

4669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 26th 1875.
4. Place of Birth (Street and Number) S. Eden St. No. 131
5. Full Name of Mother Jenny Borchardt
6. Mother's Maiden Name Jenny Rosenthal
7. Mother's Birthplace Kierpunka. K. Preussen Germany
8. Full Name of Father Alexander Borchardt
9. Father's Occupation Optican
10. Father's Birthplace Schwerin a. d. Wertha. K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4679

HEALTH DEPARTMENT JUL 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	July 26 - 1875
4. *Place of Birth* (Street and Number)	54 E. Monument
5. *Full Name of Mother*	Rachel Hoe
6. *Mother's Maiden Name*	née Woods
7. *Mother's Birthplace*	Baltimore County
8. *Full Name of Father*	Charles Frankson Hoe
9. *Father's Occupation*	Coachman
10. *Father's Birthplace*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	H.C. Atkinson
Address	209 W. Biddle St
Remarks	

4671

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 26th 1875
4. Place of Birth (Street and Number) No 34 North Gilmour St
5. Full Name of Mother Mary Matilda Frame
6. Mother's Maiden Name M. H. Smack
7. Mother's Birthplace Sussex Co. Del.
8. Full Name of Father George Frame
9. Father's Occupation Commission Merchant
10. Father's Birthplace Elwood City Md.

Name of Medical Attendant, or other Person who makes this Return. Lemuel R. W. Hamble M.D.

Address No 203 W. Lombard St.

Remarks

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 30 1875
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth July 26th 1875

4. Place of Birth (Street and Number) 11 Parrish St

5. Full Name of Mother Malinda Elizabeth Reynolds

6. Mother's Maiden Name Dennen

7. Mother's Birthplace Cagestown Md

8. Full Name of Father James T. Reynolds.

9. Father's Occupation Railroad Conductor

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W. R. McKnew

Address 582 W. Fayette St.

Remarks Baltimore Maryland

4673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1876 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2 children

1. Sex (state whether Male or Female) last a girl
2. Race or Color (if not of the white race) White
3. Date of Birth 26 of July 1879
4. Place of Birth (Street and Number) 106 North Wolf st
5. Full Name of Mother Esabala Hall
6. Mother's Maiden Name Esabala Hill
7. Mother's Birthplace Baltimore
8. Full Name of Father William Bottler Hill
9. Father's Occupation Bookkeeper
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North chappel st for John Kunkel

Remarks Healty

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4674

HEALTH DEPARTMENT 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th July
4. Place of Birth (Street and Number)	123 West St
5. Full Name of Mother	Elizabeth. A. Kissler
6. Mother's Maiden Name	Elizabeth A. Chandler
7. Mother's Birthplace	Balto City
8. Full Name of Father	Frederick Kessler
9. Father's Occupation	Nightman
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. C Bunch M D
Address	141 Hanover St
Remarks	

4675

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colord

3. Date of Birth july 26

4. Place of Birth (Street and Number) No 21 Hull lane

5. Full Name of Mother Hemmetta Holler

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Charls Pgurter

9. Father's Occupation Labors

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Sarh Lyles - 247 Ollean St

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

~~4678~~
4676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth July 26th 1875.
4. Place of Birth (Street and Number) No. 20 Wayne St.
5. Full Name of Mother Virginia A. Gellespie
6. Mother's Maiden Name Virginia A. Williams
7. Mother's Birthplace Accomac Co. Va
8. Full Name of Father Isaac H. Gillespie.
9. Father's Occupation Draymen
10. Father's Birthplace Accomac Co. Va

Name of Medical Attendant, or other Person who makes this Return. Jane Winneberger.

Address 23 N. Liberty St.

Remarks Child Still Born.

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11677

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 26.
4. *Place of Birth* (Street and Number) 270 Chew.
5. *Full Name of Mother* Harriet Amanda Morgan
6. *Mother's Maiden Name* Walton
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Charles Morgan
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. D. Geo W. Wayson

Address 18 Arlington St

Remarks

RETURN OF A BIRTH.

4678

HEALTH DEPARTMENT JUL 26 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6.te
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July the 26th 1875
4. *Place of Birth (Street and Number)*	174 Hamburg Street
5. *Full Name of Mother*	Lena Meier
6. *Mother's Maiden Name*	" " Traube
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Meier
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chatheline Münch
Address	74 Leadenhall St.
Remarks	

4679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 birth [illegible]

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colorde
3. Date of Birth 27 of July 1875
4. Place of Birth (Street and Number) No 219 Warner St Balto
5. Full Name of Mother Elizebeth Evans
6. Mother's Maiden Name Elizebeth Boom
7. Mother's Birthplace Colbert Co Md
8. Full Name of Father Joseph Boom
9. Father's Occupation Brishyard
10. Father's Birthplace Colbert Co Md

Name of Medical Attendant, or other Person who makes this Return. Leah Cornish

Address No 240 Warners St

Remarks Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4689

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 27th 1875
4. *Place of Birth (Street and Number)* S. E. Cor Baltimore & Eden Sts
5. *Full Name of Mother* Ella Fooks
6. *Mother's Maiden Name* Ella Stantzman
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Frederick E Fooks
9. *Father's Occupation* Physician
10. *Father's Birthplace* Salisbury Md

Name of Medical Attendant, or other Person who makes this Return. F. E. Fooks Md

Address Balto & Eden Sts

Remarks

RETURN OF A BIRTH.

4681

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th 1875.
4. Place of Birth (Street and Number)	173 N. Calvert st.
5. Full Name of Mother	Mary McNeal
6. Mother's Maiden Name	Mary Preston
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J. V. McNeal
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. M. Hillenbrand
Address	121 N. Monument st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4682

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th 1875
4. Place of Birth (Street and Number)	116 So. Gist-Street
5. Full Name of Mother	Catherine Hutton
6. Mother's Maiden Name	Catherine Schmerbach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Henry Hutton
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M. D.
Address	69 S. Broadway
Remarks	

4683

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* ~~Jul. 27~~
3. *Date of Birth* Jul. 27. 75
4. *Place of Birth (Street and Number)* 454 Canton av
5. *Full Name of Mother* Wilhelmine Weinert Gurke
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germanie.
8. *Full Name of Father* Luli Weinert
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germn

Name of Medical Attendant, or other Person who makes this Return. Mrs E Buschmann

Address 120 Bank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4684

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first.
1. Sex (state whether Male or Female)	male.
2. Race or Color (if not of the white race)	white.
3. Date of Birth	July 27th 1875.
4. Place of Birth (Street and Number)	48 Conway Street.
5. Full Name of Mother	M. Naas.
6. Mother's Maiden Name	M. Winkelmann
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Naas
9. Father's Occupation	U. S. Officer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Sophie Wensel
Address	56. Pearl Street
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4685

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* July 27th 1875
4. *Place of Birth (Street and Number)* Little Gough St 1 & 25
5. *Full Name of Mother* Katrine Luther
6. *Mother's Maiden Name* Katrine Shilling
7. *Mother's Birthplace* Schaben Europe
8. *Full Name of Father* Caspar Luther
9. *Father's Occupation* Peddler
10. *Father's Birthplace* Shaben Europe

Name of Medical Attendant, or other Person who makes this Return. Wm R. Wing

Address 48 Holland St. Baltimore Md.

Remarks

4686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six 16

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) July 27
3. Date of Birth ~~July 25~~ 75
4. Place of Birth (Street and Number) Baltimore Md
5. Full Name of Mother Hannah Johnston
6. Mother's Maiden Name Farrans
7. Mother's Birthplace Rough Keepin N Y
8. Full Name of Father John H Johnston
9. Father's Occupation Carpenter & Builder
10. Father's Birthplace Cocaigne New Brunswick B M

Name of Medical Attendant, or other Person who makes this Return. Ursula J Chrismer

Address 129 E Monument

Remarks Baltimore M D

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th of July
4. Place of Birth (Street and Number)	No. 929 West Pratt St.
5. Full Name of Mother	Rachel. T. Baley.
6. Mother's Maiden Name	Rachel. T. Dips
7. Mother's Birthplace	Rannals. Town. Md.
8. Full Name of Father	John. H. Baley.
9. Father's Occupation	Laborer on. B & O. R.R.
10. Father's Birthplace	Pottsville-Penn.
Name of Medical Attendant, or other Person who makes this Return.	Mary J. Leeman.
Address	380. West, McHenry St.
Remarks	Strong health child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1688

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th
4. Place of Birth (Street and Number)	No 72 Republican St
5. Full Name of Mother	Hannah Russella
6. Mother's Maiden Name	Hannah Moffit
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Russella
9. Father's Occupation	Stonecutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Horrigan
Address	No 112 Sixth Street
Remarks	

4689

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 18th

1. Sex (state whether Male or Female) Female

2. Race or Color ~~(if not of the white race)~~ White

3. Date of Birth 27 July

4. Place of Birth (Street and Number) 68 N. Calvert

5. Full Name of Mother L Seymour

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father John Seymour

9. Father's Occupation Mechanic

10. Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return. H H Brown

Address Paca & Hayes Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4,690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	July 27
4. Place of Birth (Street and Number)	North Front No 2018
5. Full Name of Mother	marey brown
6. Mother's Maiden Name	marey megee
7. Mother's Birthplace	ireland
8. Full Name of Father	harey brown
9. Father's Occupation	hack diver
10. Father's Birthplace	america
Name of Medical Attendant, or other Person who makes this Return.	[illegible] Chrismer
Address	No 129 E Monument St
Remarks	Baltimore

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4691

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex (state whether Male or Female) Mail

2. Race or Color (if not of the white race) Colored

3. Date of Birth th 27 Th of July

4. Place of Birth (Street and Number) No 68 Chemist Street

5. Full Name of Mother Sarah Jane Reason Nunnon

6. Mother's Maiden Name Sarah Jane Reason

7. Mother's Birthplace Tett Mikley

8. Full Name of Father Charles Nunnon

9. Father's Occupation Any kind of Wrok

10. Father's Birthplace Ray Sick

Name of Medical Attendant, or other Person who makes this Return. Royston Williams

Address No 70 Chemist Street

Remarks Mother Will Any

Will

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3rd).

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 27/75
4. Place of Birth (Street and Number) 458 Canton Avenue
5. Full Name of Mother Charlotte Ringrose
6. Mother's Maiden Name Charlotte Craft
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Wallace Ringrose
9. Father's Occupation Huckster
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel A. Garrett

Address #31 Luzerne St.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4693

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 2 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27th of July
4. Place of Birth (Street and Number)	No. 86 Oak St.
5. Full Name of Mother	Sarah Esther Chalk.
6. Mother's Maiden Name	Sarah Esther Crosby
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Robert Chalk
9. Father's Occupation	Conductor
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

4694

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 27th 1875
4. Place of Birth (Street and Number) 386 William Street
5. Full Name of Mother Charlotte Jamrich
6. Mother's Maiden Name Charlotte Poggenhans
7. Mother's Birthplace Germania
8. Full Name of Father August Jamrich
9. Father's Occupation Engineer
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return, Dorothea Brune

Address 114 Battery St.

Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1895 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 27 of July
4. Place of Birth (Street and Number) W. Pratt st Number 823.
5. Full Name of Mother Theresia Miller
6. Mother's Maiden Name Theresia Miller
7. Mother's Birthplace ~~Pratt st.~~ Herold Germany
8. Full Name of Father Frank Miller
9. Father's Occupation Tailer
10. Father's Birthplace Herold Germany

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 45 S. Monroe St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth July 27th
4. Place of Birth (Street and Number) 108 Eastern Av.
5. Full Name of Mother Elizabeth
6. Mother's Maiden Name Altwater
7. Mother's Birthplace Baltimore
8. Full Name of Father Peter Alfred Ortt
9. Father's Occupation Confectioner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. Lettoreault Bell: D

Address

Remarks 137 W. Fayette St.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4697

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1925 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 27 July
4. Place of Birth (Street and Number) 25 Miller Street
5. Full Name of Mother Mary Zink
6. Mother's Maiden Name Keller
7. Mother's Birthplace Germiny
8. Full Name of Father Angulus Zink
9. Father's Occupation Schoemacker
10. Father's Birthplace Germiny

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 70 Franby Street

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	June 27
4. *Place of Birth* (Street and Number)	W Castle Alley No 137
5. *Full Name of Mother*	Barbara Klingenhöfer
6. *Mother's Maiden Name*	Barbara Regener
7. *Mother's Birthplace*	Kurhessen
8. *Full Name of Father*	Louis Klingenhöfer
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Kurhessen
Name of Medical Attendant, or other Person who makes this Return.	Reyna Heidloge
Address	No 289 S Bond St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	~~Female~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27nd of July 1875
4. Place of Birth (Street and Number)	No. 43. South Castel Street
5. Full Name of Mother	Mary ~~Waizel~~ Braun
6. Mother's Maiden Name	" Waizel
7. Mother's Birthplace	Germany
8. Full Name of Father	Magnus Braun
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Ledere 23 S. Durham st.
Address	
Remarks	

Vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 27th 1875
4. *Place of Birth (Street and Number)* No. 302 Hannover st.
5. *Full Name of Mother* Elisabeth Groskoph
6. *Mother's Maiden Name* Sneider
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Groskoph
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address 213 Cross st.

Remarks

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4701

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex* (state whether ~~Male~~ or Female)
2. *Race or Color* (if not of the white race) Mulatto
3. *Date of Birth* July 27th 1875
4. *Place of Birth* (Street and Number) 8 Watkins ct.
5. *Full Name of Mother* Sarah Jane Robertson
6. *Mother's Maiden Name* Sarah Jane Smith
7. *Mother's Birthplace* St Mary's County
8. *Full Name of Father* Lewis Robertson
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Griffith

Address 117 Madison st S.W. Corner Park Avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Per Record of Vital Statistics in the City of Baltimore.

4702.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* July 27th 1875 11 P.M.

4. *Place of Birth (Street and Number)* No. 30 Dover Street

5. *Full Name of Mother* ~~Charlotte~~ Amelia Griffin

6. *Mother's Maiden Name* ~~Columbia~~ McDonald

7. *Mother's Birthplace* ~~Virginia~~ Anne E. Shore Maryland

8. *Full Name of Father* Agnes Griffin

9. *Father's Occupation* Waiter

10. *Father's Birthplace* ~~Virginia~~ Anne E. Shore Maryland

Name of Medical Attendant, or other Person who makes this Return. J. P. Starr M.D.

Address No. 16 E. Liberty Street.

Remarks Head presentation, first position of Vertex.

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Sophie Jost

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 28
4. Place of Birth (Street and Number) 63 Fremont street
5. Full Name of Mother Sophie Jost
6. Mother's Maiden Name Sophie Gempp
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Jost
9. Father's Occupation Dr Baker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Tenbach.

Address Upper Gerrard 1039

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4704

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	dec 28 1875
4. Place of Birth (Street and Number)	11 McCulloh St
5. Full Name of Mother	Alenda Hall
6. Mother's Maiden Name	"
7. Mother's Birthplace	Howard Co Md
8. Full Name of Father	"
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Hall
Address	28 Robey Street
Remarks	Stout Healthy Child

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child after Hardy

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colorde
3. Date of Birth 28 of July 187
4. Place of Birth (Street and Number) No 2/3 Hamburg St Pollo
5. Full Name of Mother Martha Johns
6. Mother's Maiden Name Martha Thomas
7. Mother's Birthplace Dorchester Co
8. Full Name of Father John Tohmas
9. Father's Occupation Brishyard
10. Father's Birthplace Eastern Shore Caroline Co

Name of Medical Attendant, or other Person who makes this Return.

Address Leark. Cornish

Remarks

Warner St No 260

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4706

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	28th July. 1875
4. *Place of Birth* (Street and Number)	Baltimore East Monument # 400
5. *Full Name of Mother*	Dorathe Steer
6. *Mother's Maiden Name*	Dorathe Heaman
7. *Mother's Birthplace*	Baltimore city Md
8. *Full Name of Father*	W H Steer
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Baltimore city Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	324 E Monument St
Remarks	

4707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) American
3. Date of Birth July 28th 1875
4. Place of Birth (Street and Number) Central Avenue 10153
5. Full Name of Mother Annie Lessler
6. Mother's Maiden Name Annie Robinson
7. Mother's Birthplace Virginia
8. Full Name of Father Martin Lessler
9. Father's Occupation Shoe maker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulley

Address 48 Holland St.

Remarks Baltimore Md

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Jul 26. 75
4. *Place of Birth* (Street and Number)	261 Eastern av
5. *Full Name of Mother*	Rosa Hamm
6. *Mother's Maiden Name*	Lutzkerner
7. *Mother's Birthplace*	Germanic
8. *Full Name of Father*	Conrad Hamm
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Germanic
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Burchmann
Address	120 Bank st
Remarks	

RETURN OF A BIRTH.

4409

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Wheite
3. Date of Birth 28. July 1875
4. Place of Birth (Street and Number) Baltimore Washingtonst 7
5. Full Name of Mother Barbara Nowak
6. Mother's Maiden Name Barbara Lušek
7. Mother's Birthplace Přelorow in Bohemia
8. Full Name of Father John Nowak
9. Father's Occupation Laborer
10. Father's Birthplace Wiliký in Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopsis

Address Washingtonst N

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

1910

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* Baltimore
4. *Place of Birth (Street and Number)* Dover Street 214
5. *Full Name of Mother* Celia Hawkins
6. *Mother's Maiden Name* Celia Adams
7. *Mother's Birthplace* Anne Arundle County
8. *Full Name of Father* Samuel Hawkins
9. *Father's Occupation* Driver of Lumber Wagon
10. *Father's Birthplace* Calvert County

Name of Medical Attendant, or other Person who makes this Return. Catharine Sawyer 214 Dover

Address

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4711

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 28 1875.
4. Place of Birth (Street and Number)	105 Argyle avenue.
5. Full Name of Mother	Mollie E. Neely.
6. Mother's Maiden Name	Mollie E. Matson.
7. Mother's Birthplace	York Co. Pa.
8. Full Name of Father	James H. Neely.
9. Father's Occupation	Painter.
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	John I. R. Krozer, M.D.
Address	
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4712

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 28th 1875
4. *Place of Birth* (Street and Number)	257 Forest St
5. *Full Name of Mother*	Sarah Stack
6. *Mother's Maiden Name*	Sarah Fay
7. *Mother's Birthplace*	Balto Md
8. *Full Name of Father*	James E. Stack
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Silas H. Hunter
Address	111 Greenmount Ave.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4713

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 28th
4. Place of Birth (Street and Number)	17 Pricis Court
5. Full Name of Mother	Annie Sheridan
6. Mother's Maiden Name	Annie Sheridan
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Illegitimate Child — Father Unknown
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Silas W. Hinter
Address	111 Greenmount Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

For Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

11714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 28th 1875
4. *Place of Birth (Street and Number)* 128 N Broadway
5. *Full Name of Mother* Mary Jannette Horner
6. *Mother's Maiden Name* " " Milchell
7. *Mother's Birthplace* Bellefont Pa
8. *Full Name of Father* Joshua Horner Jr
9. *Father's Occupation* Manufacturer
10. *Father's Birthplace* New York City

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M. D.

Address #305 N Caroline St

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 28th
4. Place of Birth (Street and Number) 40 Saratoga St
5. Full Name of Mother Sarah Ann Green
6. Mother's Maiden Name " " Johnson
7. Mother's Birthplace Washington D.C.
8. Full Name of Father John Green
9. Father's Occupation Laborer
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address 36 Saratoga St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Fourth

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 28th 75
4. *Place of Birth* (Street and Number) No. 71 N. Durham St.
5. *Full Name of Mother* Harriett Harris
6. *Mother's Maiden Name* " Hollon
7. *Mother's Birthplace* Somerset County Md.
8. *Full Name of Father* Shedrick Harris
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. City Lockman

Address 61 N. Durham St.

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 28th 1875
4. *Place of Birth (Street and Number)* W 34 Lemon St
5. *Full Name of Mother* Mary McTeer
6. *Mother's Maiden Name* Mary Everitt
7. *Mother's Birthplace* Balto Co Md
8. *Full Name of Father* Jas D. McTeer
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. D. E. Sprecher M.D.

Address 377 W Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics in the City of Baltimore.

4718

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) —
3. Date of Birth 28th July 1875
4. Place of Birth (Street and Number) Highlandtown
5. Full Name of Mother Katherina From
6. Mother's Maiden Name Golinghorst
7. Mother's Birthplace Germany
8. Full Name of Father Henry From
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4719

RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUL 1875
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 28th 1875
4. Place of Birth (Street and Number) N. Dallas St. No 203.
5. Full Name of Mother Sarah Adwell.
6. Mother's Maiden Name Sarah Schible
7. Mother's Birthplace Ann Arundel County Md. Maryland
8. Full Name of Father Thomas Adwell
9. Father's Occupation Carpenter
10. Father's Birthplace West River Ann Arundel County Md. Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth 5 July 28th 1875
4. Place of Birth (Street and Number) No. 2 N. Wolf St.
5. Full Name of Mother Agatha Stickler.
6. Mother's Maiden Name " " Boshert.
7. Mother's Birthplace Wherthiem Bavaria.
8. Full Name of Father Jacob Stickler.
9. Father's Occupation Fruit Packer.
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea W. Gramm.

Address No. 175 South Eden St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) colord

3. Date of Birth July 28

4. Place of Birth (Street and Number) Mellory st extended

5. Full Name of Mother Jane Hebrew

6. Mother's Maiden Name not married

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson

Address no 32 short st

Remarks healthy Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11722

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3tes Child

1. Sex (state whether Male ~~or Female~~) White
2. Race or Color (if not of the white race)
3. Date of Birth July 28th 1875.
4. Place of Birth (Street and Number) E. Madison St. No 288.
5. Full Name of Mother Katharina E. Lutrop.
6. Mother's Maiden Name Katherine E. Deist
7. Mother's Birthplace Spangenberg N. Kreussen Germany
8. Full Name of Father Henry Lutrop
9. Father's Occupation none
10. Father's Birthplace Halberthausen N. Kreussen. Germany

Name of Medical ~~Attendant~~, or other Person who makes this Return. Mary E. Muller.

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

11723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
2
1875
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 28. 1875
4. Place of Birth (Street and Number)	239 Penna ave
5. Full Name of Mother	Mary Moore
6. Mother's Maiden Name	Mary Brent
7. Mother's Birthplace	Balt City
8. Full Name of Father	Wm Moore.
9 Father's Occupation	Policeman
10. Father's Birthplace	Balt City
Name of Medical Attendant, or other Person who makes this Return.	W. P. Morgan
Address	175 Saratoga st
Remarks	

rec'd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11721

HEALTH DEPARTMENT AUG 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* July 25 1876.

4. *Place of Birth (Street and Number)* 113 St. Paul St.

5. *Full Name of Mother* Ellen Barnes

6. *Mother's Maiden Name* Walker

7. *Mother's Birthplace* Baltimore,

8. *Full Name of Father* Aaron Barnes.

9. *Father's Occupation* Cigar Maker.

10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Chas. R. Rudisill.

Address 34 St. Paul St.

Remarks

RETURN OF A BIRTH.

11723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 28
4. Place of Birth (Street and Number)	27 S. Register St.
5. Full Name of Mother	Christine Burkhard
6. Mother's Maiden Name	Ahlehr
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Burkhard
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Miller
Address	151 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
7
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 28th day of July 1875
4. Place of Birth (Street and Number) 248 Druid Hill Avenue
5. Full Name of Mother Mary Jane Rieman
6. Mother's Maiden Name Mary Jane Clabaugh
7. Mother's Birthplace Cumberland Allegany Co. Maryland
8. Full Name of Father Henry Rieman
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Jos. Lloyd Martin

Address No 38 Mount Vernon Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4727

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st,~~ 2d, ~~3d, &c.~~) 8

1. Sex (state whether Male or Female) Weiblich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 28 Juli ~~257~~ ~~Schab Strit~~
4. Place of Birth (Street and Number) 257 Schab Strit
5. Full Name of Mother Catharina Kriger
6. Mother's Maiden Name Catharina Leutner
7. Mother's Birthplace Baltimore
8. Full Name of Father Heinrich Kriger
9. Father's Occupation Schneiter
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4728 ~~4717~~

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex (state whether Male or Female) Männlich
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 28 Juli
4. Place of Birth (Street and Number) 49 Leatenhal Strit
5. Full Name of Mother Margrete Arrensch
6. Mother's Maiden Name Margrete Kirchheim
7. Mother's Birthplace Deutschland
8. Full Name of Father Nicholaus Arrensch
9. Father's Occupation Schumacher
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Catharina Münch

Address 74 Leatenhal Strit

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child ~~or children~~

RETURN OF A BIRTH.

2 3rd
4729

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 11 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether Male or~~ Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth July 29th 1875 2 A M
4. Place of Birth (Street and Number) 33 N. Edow St. Balto,
5. Full Name of Mother Josephine Mary Schreiver
6. Mother's Maiden Name Josephine Mary Williams
7. Mother's Birthplace Balto City
8. Full Name of Father Michael John Schreiver
9. Father's Occupation Laborer
10. Father's Birthplace Bavaria

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M D

Address 299 E. Balto St. City

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 2
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29. 1875
4. Place of Birth (Street and Number)	271 Preston St
5. Full Name of Mother	Susan Neill
6. Mother's Maiden Name	Susan Holland
7. Mother's Birthplace	Richmond Virginia
8. Full Name of Father	Jno Neill
9 Father's Occupation	Laborer
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Mahony Brown M.D
Address	201 W. Biddle St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Jul 29. 75
4. Place of Birth (Street and Number)	54 Gilt st
5. Full Name of Mother	Caroline Hehn.
6. Mother's Maiden Name	Kaufman
7. Mother's Birthplace	Germanie
8. Full Name of Father	Geo Hehn
9. Father's Occupation	Laborer
10. Father's Birthplace	Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burchmann
Address	120 Bank. st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 29, 75
4. Place of Birth (Street and Number)	350 Eastern av
5. Full Name of Mother	Kate Horst ~~350 Eastern av~~
6. Mother's Maiden Name	Muller
7. Mother's Birthplace	Balto City
8. Full Name of Father	John Horst
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Burchyman
Address	120 Bank St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4733

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* 6th In 29 July
4. *Place of Birth* (Street and Number) 1621 Forrest St
5. *Full Name of Mother* Elizabeth Ramson
6. *Mother's Maiden Name* Elizabeth Talbot
7. *Mother's Birthplace* Richmon Va
8. *Full Name of Father* William Ramson
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Worster county Va

Name of Medical Attendant, or other Person who makes this Return. Maria Gordon Medcrfe

Address 67 East Street

Remarks

4734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 21st July 1875
4. Place of Birth (Street and Number) 38 North Ann st
5. Full Name of Mother Anni Brown
6. Mother's Maiden Name Anni Miethel
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm William Robert Miethel
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eresentia Kunkel

Address 71 North Chappel St pr John Kunkel

Remarks Healty

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4735

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 29th 1875
4. Place of Birth (Street and Number) Fals Road no number
5. Full Name of Mother Chatharina Martin
6. Mother's Maiden Name Chatharina Ulaik
7. Mother's Birthplace Germany
8. Full Name of Father John Martin
9. Father's Occupation Milkmann
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hilezeist

Address No 182 Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4736

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 29th 1875
4. Place of Birth (Street and Number) No. 25 Bevan st.
5. Full Name of Mother Cattern Broening
6. Mother's Maiden Name Petrie
7. Mother's Birthplace Germany
8. Full Name of Father Jacob Broening
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lohowasser midwife

Address 213 Cross st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29th July 1875
4. *Place of Birth (Street and Number)* 54 Market Space
5. *Full Name of Mother* Martha Griffin
6. *Mother's Maiden Name* Strock
7. *Mother's Birthplace* U. States
8. *Full Name of Father* Israel Griffin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U. States

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 29th 95
4. *Place of Birth* (Street and Number)	828 W Baltimore St
5. *Full Name of Mother*	Maggie A Small
6. *Mother's Maiden Name*	Maggie A Trigg
7. *Mother's Birthplace*	Ellicott City Howard Co Md
8. *Full Name of Father*	Wm S Small
9. *Father's Occupation*	Driver B.E. P.R.R.
10. *Father's Birthplace*	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	Wm Regester M.D.
Address	845 W Baltimore St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 23rd 1875
4. Place of Birth (Street and Number) 104 Ensor St
5. Full Name of Mother Ella Deppish
6. Mother's Maiden Name Ella Wilson
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Frank Deppish
9. Father's Occupation Box Maker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. D Webster Cathell M D

Address 1½ S Exeter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

47110

HEALTH DEPARTMENT OCT 30 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23rd 1875
4. Place of Birth (Street and Number)	16 Orleans St
5. Full Name of Mother	Mary Connolly
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Connolly
9. Father's Occupation	Moulder
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D Webster Cathell MD
Address	112 E Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4741

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 29th July 1875
4. *Place of Birth (Street and Number)* 22 Wolfe St.
5. *Full Name of Mother* Josephine Krieger
6. *Mother's Maiden Name* " Brenner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Krieger
9. *Father's Occupation* Carpet Manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 one
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th of July
4. Place of Birth (Street and Number)	N. 90 Franklin St
5. Full Name of Mother	Maggie ~~Wolf~~ Herzog
6. Mother's Maiden Name	Maggie Wolf
7. Mother's Birthplace	Gossen Germany
8. Full Name of Father	Maximilian Herzog
9. Father's Occupation	Machinist
10. Father's Birthplace	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	Anna Lindsey
Address	45 Monroe St
Remarks	perfectly satisfactory

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4743

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Cordard
3. Date of Birth 29 July
4. Place of Birth (Street and Number) No 74 ~~Ele Bow~~ Ele Bow Lane
5. Full Name of Mother Elen Feny
6. Mother's Maiden Name Elen glen
7. Mother's Birthplace Accomack County
8. Full Name of Father Leven Feny
9. Father's Occupation Sugar House
10. Father's Birthplace Accomac County

Name of Medical Attendant, or other Person who makes this Return

Address Mary A Dorsey No 40 Hill St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4744

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 27th 1875
4. Place of Birth (Street and Number) 172 Johnson Street
5. Full Name of Mother Mary Koerner
6. Mother's Maiden Name Mary Ostendorp
7. Mother's Birthplace Germania
8. Full Name of Father John Koerner
9. Father's Occupation Butcher
10. Father's Birthplace Germania

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4745

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) collard
3. Date of Birth July 24
4. Place of Birth (Street and Number) 111 north Caroline st
5. Full Name of Mother Eliza turner
6. Mother's Maiden Name Eliza Hutton
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles turner
9. Father's Occupation Barber
10. Father's Birthplace Balmore

Name of Medical Attendant, or other Person who makes this Return. mrs leah Johnson

Address no 82 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4746

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th July
4. Place of Birth (Street and Number)	~~29th J.~~ Berry st. 68
5. Full Name of Mother	Elizabeth Geminder
6. Mother's Maiden Name	Brisbach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Geminder
9. Father's Occupation	Silver plater
10. Father's Birthplace	Wurtheu Bay
Name of Medical Attendant, or other Person who makes this Return.	Mary Keon
Address	228 S Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4747

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29th
4. Place of Birth (Street and Number)	Light St. 492
5. Full Name of Mother	Mary Reinhardt
6. Mother's Maiden Name	Gatz
7. Mother's Birthplace	Saxsen, Gotha
8. Full Name of Father	Henry H Reinhardt
9. Father's Occupation	
10. Father's Birthplace	Saxsen Gotha
Name of Medical Attendant, or other Person who makes this Return.	Prussian manufacturing
Address	Miss Mary Koch
Remarks	328 S. Eutaw St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

over 4748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

Name of child: Clara Weyant Armstrong

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29th 1878
4. Place of Birth (Street and Number)	42 Edmondson Avenue
5. Full Name of Mother	Hannah Maria Armstrong
6. Mother's Maiden Name	Hannah Maria (Corbin) Weyant
7. Mother's Birthplace	State of New York
8. Full Name of Father	William Armstrong
9 Father's Occupation	Secretary Fire Insurance Company
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. E. Gibbons M. D.
Address	47 Edmondson Avenue
Remarks	Baby well developed & healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4749

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 31st 1875
4. Place of Birth (Street and Number)	138 Courtland St.
5. Full Name of Mother	Ann D. Biays
6. Mother's Maiden Name	Ann D. Price
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George S. Biays
9. Father's Occupation	Clerk
10. Father's Birthplace	Washington C.H.
Name of Medical Attendant, or other Person who makes this Return.	S.W. Middleton M.D.
Address	121 W. Monument St
Remarks	Name of this child is Tolley Allender Biays

Addition made by Huntington Williams, Registrar April 16, 1935 on statement of said T.A. Biays, member of Maryland State Board of Health

4759

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 30th 1875
4. Place of Birth (Street and Number) N 30 German St
5. Full Name of Mother Ellen Daly
6. Mother's Maiden Name Ellen Carney
7. Mother's Birthplace Longford Ireland
8. Full Name of Father Eugene Morgan Daly
9. Father's Occupation Restaurateur
10. Father's Birthplace Cork Ireland

Name of Medical Attendant, or other Person who makes this Return. F. Chatard M.D.

Address N 114 Park Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30th 1875
4. Place of Birth (Street and Number)	No 242 Edgar st
5. Full Name of Mother	Eva Edel
6. Mother's Maiden Name	Eva Petersen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Edel
9. Father's Occupation	Saloon Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Lena H. Aegerist
Address	No 182 East Monument st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24 4752

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether~~ Male ~~or Female~~) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth July 30th 1875 3 30 P. M.
4. Place of Birth (Street and Number) 343 E. Pratt St. City
5. Full Name of Mother Mary Hermes Bollman
6. Mother's Maiden Name Mary Hermes De Mangin
7. Mother's Birthplace Balto City
8. Full Name of Father John Wendel Bollman
9. Father's Occupation Bridge Builder
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M D

Address 299 E. Balto St. City

Remarks

4753

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 30th of July
4. *Place of Birth (Street and Number)* 39 Mee. Eldery Str.
5. *Full Name of Mother* Clara Schulz.
6. *Mother's Maiden Name* " Schulz.
7. *Mother's Birthplace* Sterdhafen Germania
8. *Full Name of Father* Svay Schulz
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Sterdhafen Ger.

Name of Medical Attendant, or other Person who makes this Return. Josefine Conrad

Address No. 20. Barnet Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4734

HEALTH DEPARTMENT AUG 11 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Light
3. *Date of Birth* July 30 - 1875
4. *Place of Birth (Street and Number)* No 3. ion Alley Balt - Md
5. *Full Name of Mother*
6. *Mother's Maiden Name* Charity Henson
7. *Mother's Birthplace* Md
8. *Full Name of Father* —
9. *Father's Occupation* ×
10. *Father's Birthplace* ×

Name of Medical Attendant, or other Person who makes this Return. Mid Wife Chaplin.

Address

Remarks No - 69. S Bethel St Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11755

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 30. 1875
4. *Place of Birth (Street and Number)* Cor Baker & Division Streets
5. *Full Name of Mother* Mary Gafney
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* James Gafney
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. R. B. Browne M. D.

Address 307 Madison Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4756

HEALTH DEPARTMENT AUG 10 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 30 July
4. *Place of Birth (Street and Number)* 1 Balt More Alley
5. *Full Name of Mother* Mary Bible
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* William Bible
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary A Dorsey

Address 134 Orchard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4757

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 30 1875
4. Place of Birth (Street and Number) Dorson alley bet McHenry & Ramsey St
5. Full Name of Mother Cora Burke
6. Mother's Maiden Name
7. Mother's Birthplace Georgetown Washington D C
8. Full Name of Father Daniel Burke
9. Father's Occupation Laborer
10. Father's Birthplace Georgetown Washington D C

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas No 71 Burgundy Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4758

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 30th 1875
4. Place of Birth (Street and Number) No 272 Central Avenue
5. Full Name of Mother Elizabeth Preller
6. Mother's Maiden Name Elizabeth Fraunholz
7. Mother's Birthplace Germany
8. Full Name of Father John Preller
9. Father's Occupation Tailor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hena Hillegeist

Address No 182 Monument St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4709

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTERED
AUG
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	30 July
4. *Place of Birth (Street and Number)*	39 Caroline Street
5. *Full Name of Mother*	Jane Bramberry
6. *Mother's Maiden Name*	Ether
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Bramberry
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophie Simon
Address	70 Granby Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11760

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Black
3. Date of Birth July 30th 1875
4. Place of Birth (Street and Number) S.W. Cor Pratt & Wolf St
5. Full Name of Mother Charlotte Valett
6. Mother's Maiden Name "
7. Mother's Birthplace "
8. Full Name of Father "
9. Father's Occupation " Illegitimate Servant
10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this Return. No attendent male or

Address Female - Reported by Employee

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 30 July 1875
4. *Place of Birth (Street and Number)* 51 Chapel Alley
5. *Full Name of Mother* Johanna Sperber
6. *Mother's Maiden Name* " Obrsite
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Sperber
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Lombard St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~2~~ ~~Four~~ two one died

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored race

3. Date of Birth July 30the 1875

4. Place of Birth (Street and Number) 110 Register st Baltimore City Md

5. Full Name of Mother Zuluann Johnson

6. Mother's Maiden Name Zuluann Hinson

7. Mother's Birthplace St marys County Md

8. Full Name of Father Henry Johnson

9. Father's Occupation Stevedore

10. Father's Birthplace St marys County Md

Name of Medical Attendant, or other Person who makes this Return. Emerson Bradford midwife

Address 130 Register st Baltimore Md

Remarks

4763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 first

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 30th July
4. Place of Birth (Street and Number) Ex Aly No 2
5. Full Name of Mother Mary Conly
6. Mother's Maiden Name Mary Ikuly
7. Mother's Birthplace Accomac
8. Full Name of Father ~~Cent Sent County~~ Wilia Conly
9. Father's Occupation Work
10. Father's Birthplace Cent Sent County

Name of Medical Attendant, or other Person who makes this Return.

Address Mary A Dorsey

Remarks No 40 Hill

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4764

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 30th
4. Place of Birth (Street and Number)	97 Chestnut st
5. Full Name of Mother	Brianna Dorsey
6. Mother's Maiden Name	" Taylor
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Robt H. Dorsey
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	W. S. Thomas M.D.
Address	cor Pine & George sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth Born on friday the 30 1875
4. Place of Birth (Street and Number) Morrit alley No 1. Return and Warner
5. Full Name of Mother Carrie Jane L Jordan
6. Mother's Maiden Name Carrie Jane L Carnish
7. Mother's Birthplace in Hamburg st age 18
8. Full Name of Father Villan Jordan
9. Father's Occupation Sailor
10. Father's Birthplace Silchester age 21 the 13 of this August

Name of Medical Attendant, or other Person who makes this Return. Morristy Resoun

Address

Remarks

Registration of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4 children

1. Sex (state whether Male or Female) last a boy
2. Race or Color (if not of the white race) White
3. Date of Birth 30th of July 1875
4. Place of Birth (Street and Number) 119 North Chester st
5. Full Name of Mother Dibi ~~Herver~~ Kolbe
6. Mother's Maiden Name Dibi Herver
7. Mother's Birthplace Hartfort county
8. Full Name of Father William Herner Herver
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address 71 North chappel st p John Kunkel

Remarks Healty

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4767

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
5
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	~~31~~ 31 July 1875
4. Place of Birth (Street and Number)	McDonough Street No 240
5. Full Name of Mother	Serenia Medley
6. Mother's Maiden Name	Serenia Lansdale
7. Mother's Birthplace	Eastern Shore of Maryland
8. Full Name of Father	John Medley
9. Father's Occupation	Shoemaker
10. Father's Birthplace	St Marys County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Barbour
Address	51 Jefferson Street Balt City
Remarks	— — —

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 31st 1875
4. Place of Birth (Street and Number) Druid Hill Ave
5. Full Name of Mother Hattie Dunan
6. Mother's Maiden Name Hattie Brinkley
7. Mother's Birthplace Ohio
8. Full Name of Father W. S. Dunan
9. Father's Occupation Merchant
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. G. W. Mittenberger

Address 121 W. Monument St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born—its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 7 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 31st of July 1875
4. Place of Birth (Street and Number) Gough St No. 282
5. Full Name of Mother Margaretha Rupp
6. Mother's Maiden Name Margaretha Goldbeck
7. Mother's Birthplace Baltimore
8. Full Name of Father John Rupp
9. Father's Occupation Carpenter
10. Father's Birthplace Pittsburgh Pa.

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Paterson Park Avenue

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 31. Juli
4. *Place of Birth (Street and Number)* S. Bond Street № 282
5. *Full Name of Mother* Elisabeth Timmermann
6. *Mother's Maiden Name* Elisabeth Huykes
7. *Mother's Birthplace* Emerland
8. *Full Name of Father* Casper Heinrich Timmermann
9. *Father's Occupation* Leberer
10. *Father's Birthplace* Osterkappeln Hannover

Name of Medical Attendant, or other Person who makes this Return. Wanda F. Chrisman

Address 129 E. Monument

Remarks Baltimore City

RETURN OF A BIRTH.

4771

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 31st 1875

4. Place of Birth (Street and Number) 132 N Washington

5. Full Name of Mother Margaret Cahill

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Ireland

8. Full Name of Father [illegible]

9. Father's Occupation Work

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return. Chas. K. Rhudy

Address 134 N. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 31st
4. *Place of Birth (Street and Number)* 136 Dolphin St
5. *Full Name of Mother* Catharine Boyle
6. *Mother's Maiden Name* Quaid
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Boyle
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Julia Balroy

Address No 5 Foster Alley

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 31st 1875
4. Place of Birth (Street and Number) City Baltimore No 341 Canton Ave
5. Full Name of Mother Rosa Kurt
6. Mother's Maiden Name Rosa Witomskey
7. Mother's Birthplace Krautons west Prussian
8. Full Name of Father August Kurt
9. Father's Occupation Laborer
10. Father's Birthplace Hassen.

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Brendel

Address No 208 South Bond Str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth July 31 1878

4. Place of Birth (Street and Number) Durham Street 278

5. Full Name of Mother Hannah Moore

6. Mother's Maiden Name Mc Conlich

7. Mother's Birthplace Ireland

8. Full Name of Father Robert Moore

9. Father's Occupation Carpenter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary E Atwell

Address 279 Mc Donogh St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4775

HEALTH DEPARTMENT AUG 20 1875 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 31/75
4. Place of Birth (Street and Number)	801 W Pratt
5. Full Name of Mother	Margarett Hutchins
6. Mother's Maiden Name	" Childs
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H Hutchins
9. Father's Occupation	Glazier
10. Father's Birthplace	Catonsville Md
Name of Medical Attendant, or other Person who makes this Return.	Wm C Knowles
Address	55 Sharp St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	31st July
4. Place of Birth (Street and Number)	No. 238 S. Howard St
5. Full Name of Mother	Mrs Annie Summer
6. Mother's Maiden Name	Miss Annie Quinn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ferdinand Summer
9. Father's Occupation	Bottling Establishment
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Good Attenance

RETURN OF A BIRTH.

4777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 31st of July 1875

4. Place of Birth (Street and Number) No. 99 N. Amity St

5. Full Name of Mother Mrs. Anna E. Fitzgerald

6. Mother's Maiden Name Miss Anna E. Robinson

7. Mother's Birthplace Dorchester Co. Md

8. Full Name of Father Mr. James H. Fitzgerald

9 Father's Occupation Clerk

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendenin M.D.

Address No. 93 North Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4778

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth July 31st 1875
4. Place of Birth (Street and Number) Cockeir nr. Nicholson st. Locust Point.
5. Full Name of Mother Mary Burke
6. Mother's Maiden Name " Brannan
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas Burke
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M. D.

Address 27. N. Broadway

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4779

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 26 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. *Sex* (state whether Male or Female) female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* July 31st 1875
4. *Place of Birth* (Street and Number) Cockeis nr Nicholson st. Locust Point
5. *Full Name of Mother* Mary Burke
6. *Mother's Maiden Name* Mary Brannan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Burke
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D

Address 27 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4780

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex* (state whether Male or Female) Female Child
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Born 31 of July 1875
4. *Place of Birth* (Street and Number) 193 Lunch Street Baltimore MD
5. *Full Name of Mother* Mrs Violet Anderson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* New Born North Carolina
8. *Full Name of Father* Silia Anderson
9. *Father's Occupation* Steamerboon
10. *Father's Birthplace* Port Deposit

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address

Remarks Harriet Jackson No 97 Chesnut St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4781

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 31 1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) American
3. *Date of Birth* July 31 St 1875
4. *Place of Birth* (Street and Number) 1 Short St. No 60
5. *Full Name of Mother* Francis Fisher
6. *Mother's Maiden Name* Francis Hoffman
7. *Mother's Birthplace* Bayer Europe
8. *Full Name of Father* Frederick Fisher
9. *Father's Occupation* Coal Heaver
10. *Father's Birthplace* Bayer Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ellig

Address 46 Holland St

Remarks Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 31 1875
4. Place of Birth (Street and Number) 207 South Howard Street
5. Full Name of Mother Lucy Gardener
6. Mother's Maiden Name
7. Mother's Birthplace Richmond Verginia
8. Full Name of Father David Gardener
9. Father's Occupation Laborer
10. Father's Birthplace Richmond Verginia

Name of Medical Attendant, or other Person who makes this Return.

Address Deborah Thomas No 11 Burgundy alley

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 4 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth July 31st 1875

4. Place of Birth (Street and Number) 146 Saratoga St

5. Full Name of Mother Lina Bauer

6. Mother's Maiden Name Lina Deer

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Bauer

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louis Mesenzehl (Midwife)

Address 214 Preston St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11784

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d. Child.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth July 31st "
4. Place of Birth (Street and Number) 59 Madison Street
5. Full Name of Mother Ann E. Tilley
6. Mother's Maiden Name Oliver
7. Mother's Birthplace Baltimore
8. Full Name of Father James Tilley
9. Father's Occupation Chemical Works.
10. Father's Birthplace Isham. Cambridge Shire England

Name of Medical Attendant, or other Person who makes this Return. Sarah Harrington

Address 61 Burk Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

4785

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 31st 1875
4. Place of Birth (Street and Number)	572 Aisquith Street
5. Full Name of Mother	Jennie M. Priseman
6. Mother's Maiden Name	Jennie M. Owen
7. Mother's Birthplace	Emmitsburg Maryland
8. Full Name of Father	George A. Priseman
9. Father's Occupation	Car Conductor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watson
Address	235 N. Caroline St.
Remarks	About a seven month child; well formed and healthy looking.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4786

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (~~if not of the white race~~)	White
3. Date of Birth	July 31st 1875
4. Place of Birth (Street and Number)	619 W Fayette St
5. Full Name of Mother	Emma Frankenstine
6. Mother's Maiden Name	Emma Frank
7. Mother's Birthplace	Balto
8. Full Name of Father	Simon Frankenstine
9 Father's Occupation	Cattle Dealer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	A Friedwald MD
Address	88 N Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4787

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 3
1875
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 31. 1875

4. Place of Birth (Street and Number) No 121 William st

5. Full Name of Mother Charlotte Benton

6. Mother's Maiden Name Charlotte William

7. Mother's Birthplace Somerset Co

8. Full Name of Father Francis Benton

9. Father's Occupation House Carpenter

10. Father's Birthplace Kent Co

Name of Medical Attendant, or other Person who makes this Return. Mrs A Nash

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

4768

HEALTH DEPARTMENT
AUG 2 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (~~*state whether 1st, 2d, 3d, &c.*~~) 5th

1. Sex (~~*state whether*~~ *Male* ~~*or Female*~~)

2. Race or Color (~~*if not of the*~~ *white* ~~*race.*~~)

3. Date of Birth July 31st 4 A.M.

4. Place of Birth (Street and Number) 63 East Lombard St

5. Full Name of Mother Mary E. Williamson

6. Mother's Maiden Name " " Wagner

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert Williamson

9. Father's Occupation Foreman Can Factory-"Bennett & Co."

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. Gregg Shertzer M.D.

Address 117 E Baltimore St.

Remarks

Under Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4789

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 th
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	1. August. 1875
4. *Place of Birth (Street and Number)*	412 Charles St.
5. *Full Name of Mother*	K. Easter.
6. *Mother's Maiden Name*	K. Stoffel.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	J Easter
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Katherine Horner
Address	No. 29. Elizabeth Lan.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4799

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Withe
3. Date of Birth 1. of August
4. Place of Birth (Street and Number) West. St. No. 138.
5. Full Name of Mother Lenne. Kisser
6. Mother's Maiden Name Lenne. Hoffman.
7. Mother's Birthplace Baltimore
8. Full Name of Father Hennery Kisser
9. Father's Occupation Wann King
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mis Martin

Address West. St. No. 128.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4794

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG. 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 1st 75

4. Place of Birth (Street and Number) 198 Saratoga st

5. Full Name of Mother Ellen Cox

6. Mother's Maiden Name Ellen Eagan

7. Mother's Birthplace Ireland

8. Full Name of Father Patrick Cox

9. Father's Occupation Porter

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Jno. Brooke Boyle M. D.

Address

Remarks dead born

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth August 1st 1875.
4. Place of Birth (Street and Number) Baltimore, 321 Hanover st
5. Full Name of Mother Mary Schaefer.
6. Mother's Maiden Name Mary Appel.
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Schaefer
9. Father's Occupation Shover.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs M. Arcney

Remarks No. 32 Leatenhall Street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4793

HEALTH DEPARTMENT 1875 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st of August
4. Place of Birth (Street and Number)	182 Hanover & Pratt sts
5. Full Name of Mother	Sarah Smyth
6. Mother's Maiden Name	" Feahey
7. Mother's Birthplace	New York
8. Full Name of Father	William H. Smyth
9. Father's Occupation	Barkeeper
10. Father's Birthplace	Smyrna Del
Name of Medical Attendant, or other Person who makes this Return.	Sousa Wiley
Address	No 12 Paterson Park Avenue
Remarks	

4794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth August the 1st
4. Place of Birth (Street and Number) 125 Vine street
5. Full Name of Mother Marguette Coleman
6. Mother's Maiden Name " Johnson
7. Mother's Birthplace Glaster County
8. Full Name of Father John Coleman
9. Father's Occupation Drayman
10. Father's Birthplace Funtin Virginia

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 258 Raberg street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

4795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 1st.
4. *Place of Birth (Street and Number)* Nr. 97 S. Wolf St.
5. *Full Name of Mother* Catherina Himmelheber
6. *Mother's Maiden Name* ... ... Steiner
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Friederich Himmelheber
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Großachsenheim Hessen in Germany

Name of Medical Attendant, or other Person who makes this Return. Maria Leidiger

Address Nr. 23 S. Durham St.

Remarks

RETURN OF A BIRTH.

4796

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1875 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 1st
4. Place of Birth (Street and Number)	150 Hanover St
5. Full Name of Mother	Emma F. Stubbs
6. Mother's Maiden Name	Emma F. Beard
7. Mother's Birthplace	Balto City
8. Full Name of Father	Joseph S. Stubbs
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Buck M.D.
Address	141 Hanover St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4797

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 1. 1875
4. Place of Birth (Street and Number)	N. 23 th 22 st.
5. Full Name of Mother	Mary Sutton
6. Mother's Maiden Name	Mary Rineker
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James Sutton
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13th
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	1 August 1875
4. *Place of Birth* (Street and Number)	Baltimore ~~Washington~~ Canal St. 145
5. *Full Name of Mother*	Katharine Blaschek
6. *Mother's Maiden Name*	Catharine Bräsa
7. *Mother's Birthplace*	Koilschitz in Böhemia
8. *Full Name of Father*	Thomas Blaschek
9. *Father's Occupation*	laborer
10. *Father's Birthplace*	Koilschitz in Böhemia
Name of Medical Attendant, or other Person who makes this Return.	Böhemia Blaschitz
Address	N. Washingt. 167
Remarks	

RETURN OF A BIRTH.

4799

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 1st 1875
4. Place of Birth (Street and Number)	254 George St.
5. Full Name of Mother	Mary Burton
6. Mother's Maiden Name	Mary Selby
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Burton
9. Father's Occupation	Property agt and Collector
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. Butler MD
Address	144 Mulberry St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

4800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1875 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 13 1875
4. Place of Birth (Street and Number) No 55 Orford St
5. Full Name of Mother Sarah Wm ~~[illegible]~~ Francis
6. Mother's Maiden Name Lord Francis
7. Mother's Birthplace Balto No 55 Orford Street
8. Full Name of Father Wm Francis
9. Father's Occupation Laborer
10. Father's Birthplace Balto Co

Name of Medical Attendant, or other Person who makes this Return. Hester Bordly Dr

Address 85 ~~[illegible]~~ 87 85 Orford St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

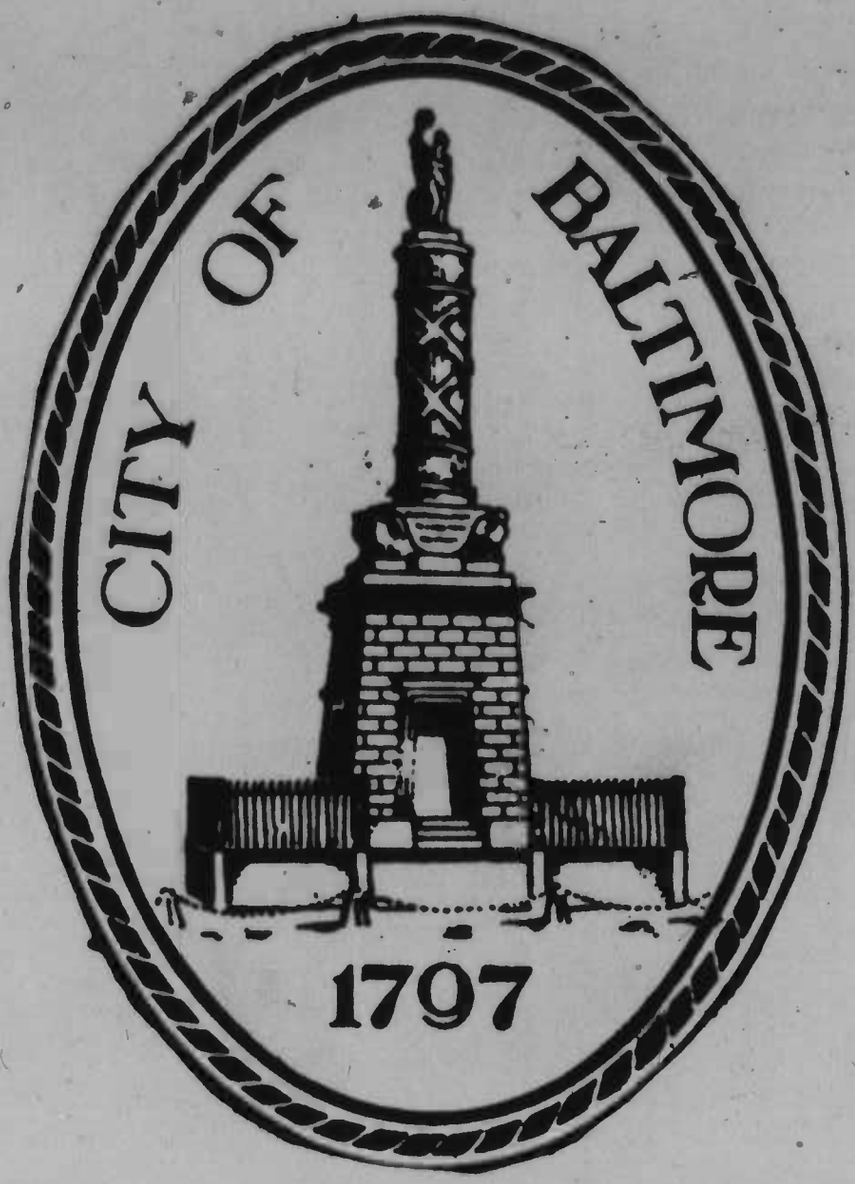
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 2nd DAY Oct
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH # 1 AND
ENDING WITH 4809 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: Ronald Staeley



END OF REEL